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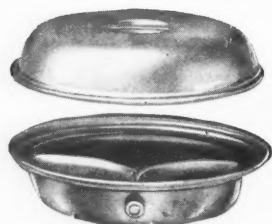
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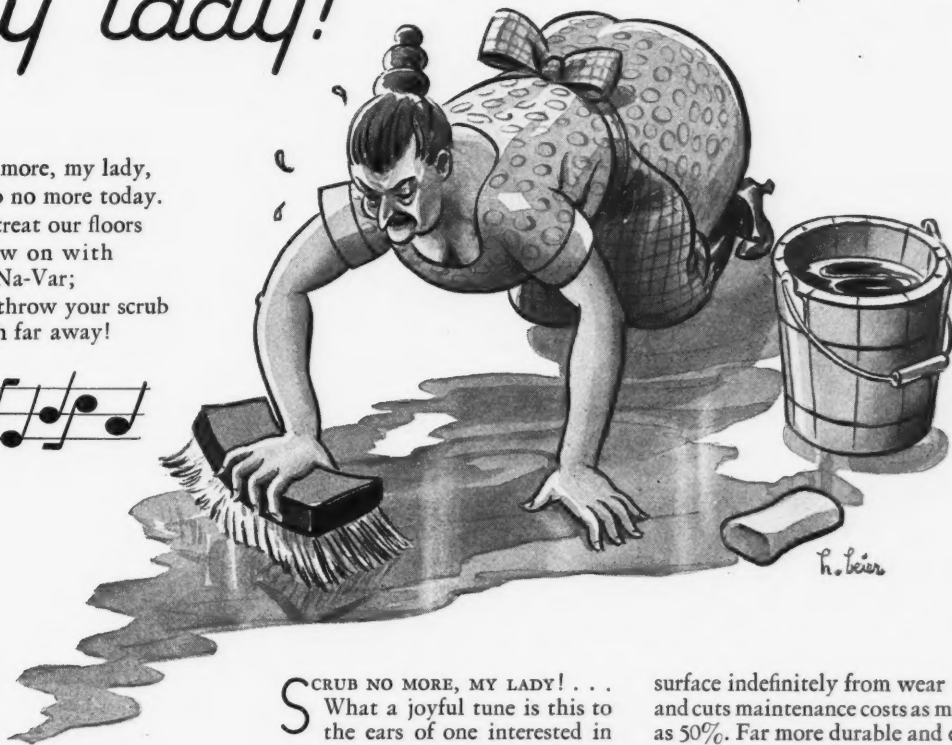






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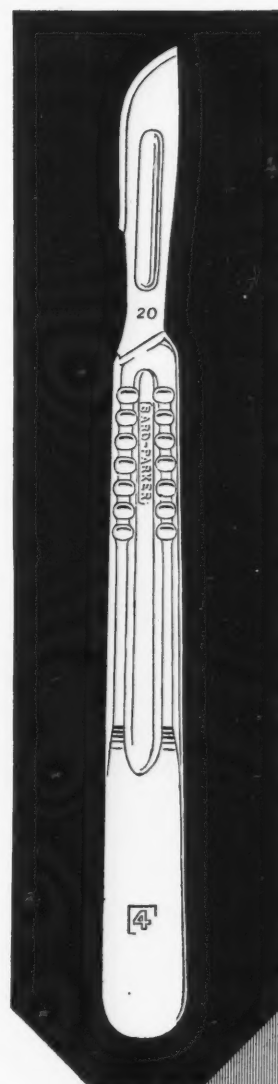


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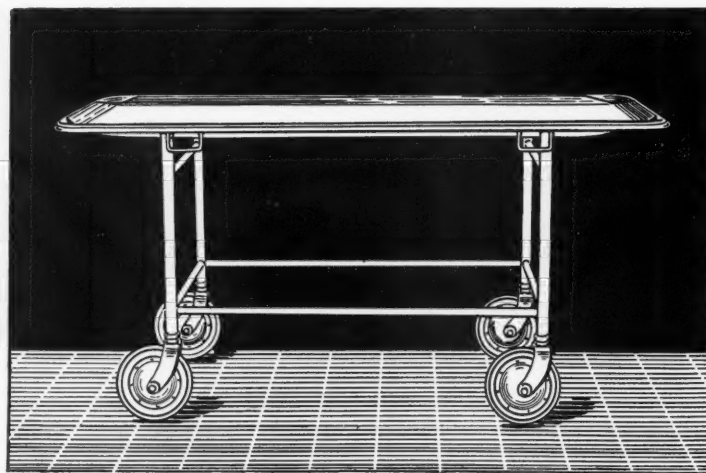
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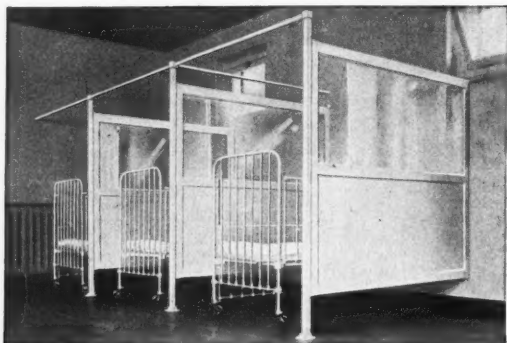
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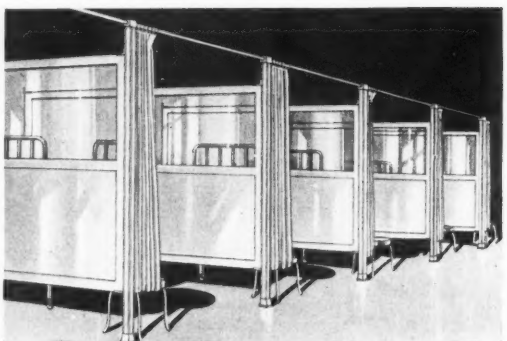
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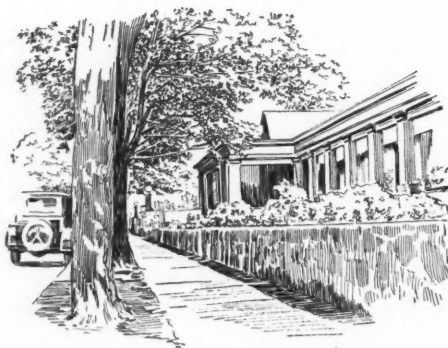
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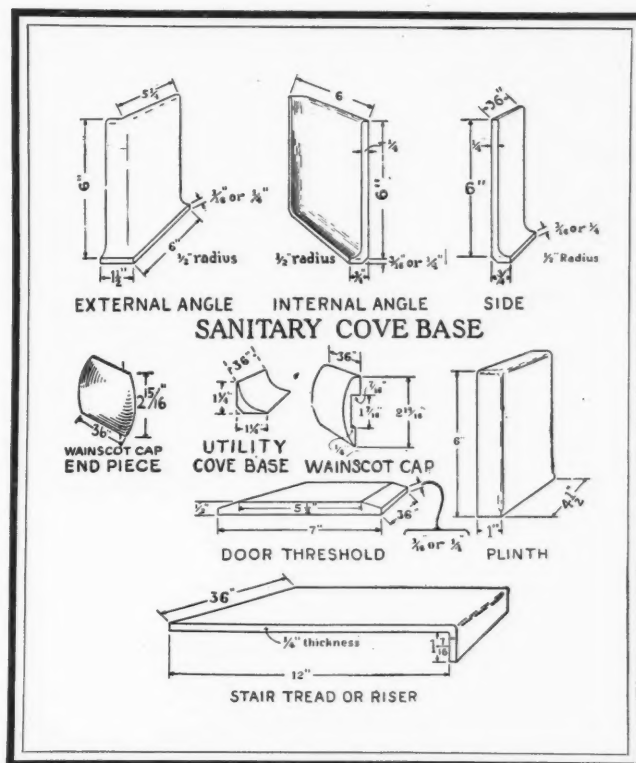
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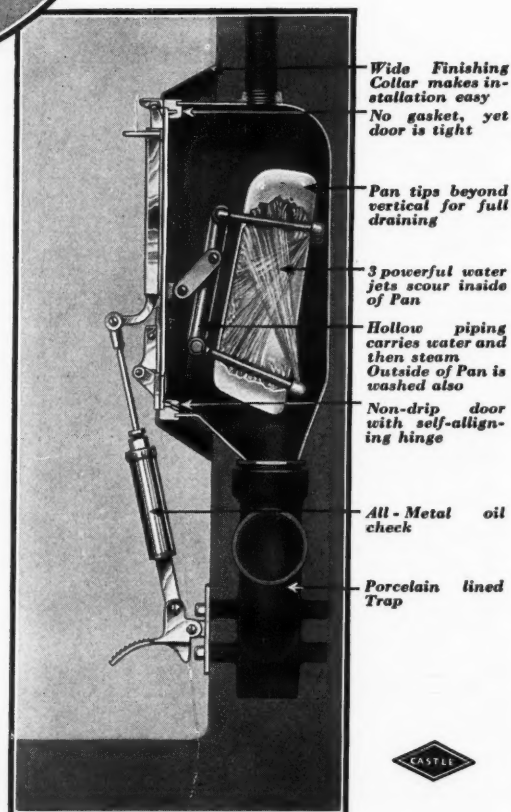
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Vol. 8

NOVEMBER, 1931

No. 11

## *Smaller Hospitals Object to Order-in-Council*

AT the annual meeting of the Ontario Hospital Association, held during the American Hospital Association Convention, vigorous protest was made by the smaller hospitals of the province against the Order-in-Council which decreed that all hospitals under 50 beds be ineligible in future to conduct training schools for nurses. It may be explained that about two years ago the Registered Nurses' Association appealed to the Government for some measure of relief against the overcrowding of the profession, as a result of which the Order-in-Council was passed.

A questionnaire was later circulated among the hospitals affected. Almost without exception the replies expressed regret and dissatisfaction that the Order-in-Council should have been passed. It was therefore with much heat that the matter was debated at the annual meeting of the O.H.A. Previous to the meeting, the Hon. J. M. Robb was approached, and his attitude is said to have been both encouraging and sympathetic.

The outcome was that Mr. George Sutherland of Ingersoll was accorded the privilege of appointing three others to serve on a committee, which would meet a committee from the Registered Nurses' Association to discuss the matter. Those appointed to Mr. Sutherland's committee were J. E. Gayfer of Ingersoll, Dr. Jamieson of Durham and Mrs. Price of Collingwood. Following this discussion, the findings of the two bodies will be presented to the O.H.A. and later brought to the attention of the Minister of Health.

It was pointed out that should this Order go into effect it will not only mean that nurses will have to go to the larger centres to train, and at greater expense, but will also mean that the small hospitals can employ only registered graduates for their staffs.



## *Invited to Join International Hospital Association*

AT the close of the second International Hospital Congress, which met in Vienna from June 8th to 14th, the representatives of the forty-one countries participating in the Congress voted unanimously to organize an International Hospital Association.

The purpose of the association is to bring about an international exchange of opinion and international co-operation in all problems and in all fields of hospital work and in all relationships: economic, sociological and hygienic. The association is composed of two classes of members: ordinary members, consisting of national hospital associations, and associate members.

These comprise two groups of persons interested directly or indirectly in hospitals: one consists of individuals associated in one way or other in hospitals or cognate institutions, the other will be representatives of firms or organizations standing in a business relationship to the hospitals, such as architects, builders, manufacturers of hospital supplies, merchants and the like.

The associate membership in the International Hospital Association entitles the members not only to free subscription of the "Nosokomeion," the official organ of the association, to full participation in the International Hospital Congress, but above all to participation in the work of the permanent committees. These committees, under the leadership of recognised specialists in various fields, will devote their time in working out standards for the guidance of the hospital field throughout the world.

The annual subscription for associate members of the first description is \$5.00, and for the second, \$1.00.

Appeal is made to all those interested in the proper care of the sick to become associate members. Application may be made to the Secretary General, Dr. E. H. L. Corwin, 2 East 103rd Street, New York.



## *167 Canadian Hospitals Approved by American College of Surgeons*

ACCORDING to the list of approved hospitals recently released by the American College of Surgeons, a total of 2,158 hospitals have been approved. The first announcement of these figures was made at the annual clinical and hospital conference of that body in New York City on October 12th. Most of these institutions are fully approved, only 227 meeting with conditional approval.

During the past year Dr. Malcolm T. MacEachern, Director of Hospital Activities, American College of Surgeons, and his associates surveyed 3,319 hospitals. Of this number 1,161 failed to meet standardization require-



## Officials of Canadian Hospital Associations

### Canadian Hospital Council.

President, Dr. F. W. Routley, Toronto.  
Secretary-Treasurer, Dr. G. Harvey Agnew, Toronto.

### Alberta Hospital Association.

President, Mr. A. T. Stephenson, Municipal Hospital, Red Deer.  
Secretary-Treasurer, Mr. T. Cox, Edmonton.

### British Columbia Hospitals Association.

President, J. M. Coady, St. Paul's Hospital, Vancouver.  
Secretary, J. H. McVety, Vancouver.

### Department of Hospital Service, Canadian Medical Association.

Secretary, Dr. G. Harvey Agnew, 184 College Street, Toronto.

### Hospital Association of Nova Scotia and Prince Edward Island.

President, L. D. Currie, LL.B., Glace Bay, N.S.  
Secretary, Miss Ann Slaterry, B.A., R.N., Dalhousie University, Halifax, N.S.

### Manitoba Hospital Association.

President, J. H. Metcalfe, Portage la Prairie.  
Secretary, Dr. G. S. Williams, Superintendent, Children's Hospital of Winnipeg.

### Maritime Catholic Hospital Association.

President, Sister Kenny, Hotel Dieu, Chatham, N.B.  
Sec.-Treas., Sister St. Stanislaus, B.A.

### Montreal Hospital Council.

President, Dr. L. A. Lessard, Notre Dame Hospital, Montreal.  
Secretary, Dr. A. L. C. Gilday, Montreal General Hospital, Western Division, Montreal.

### New Brunswick Hospital Association.

President, A. C. Chapman, Moncton, N.B.  
Sec.-Treas., Lieut.-Col. T. G. Loggie, Fredericton.

### Ontario Catholic Hospital Association.

President, Sister Madeline of Jesus, Ottawa General Hospital, Ottawa.  
Secretary, Sister Margaret, St. Michael's Hospital, Toronto.

### Ontario Hospital Association.

President, F. D. Reville, Brantford.  
Secretary, Dr. F. W. Routley, Room 314, Medical Arts Building, Toronto 5, Ont.

### Saskatchewan Hospital Association.

President, Mr. Leonard Shaw, Moose Jaw General Hospital, Moose Jaw.  
Sec.-Treas., G. E. Patterson, Regina.



ments, and are therefore not included in "approved" list.

The number of hospitals surveyed in 1931 is considerably higher than those surveyed in 1930. There is a fractional increase in the percentage of those not approved, a slight gain in the percentage meeting with full approval and a loss of .4 per cent. in hospitals conditionally approved. As in past years, some of those appearing on the approved list have moved up from the conditionally approved class, but there are a number of others included who sought and obtained approval for the first time. On the other hand, some which were fully approved in other years failed to make the grade this year.

The following summary may prove interesting to those interested in statistics:

#### 1931 SURVEY

Total hospitals surveyed.....	3,319
Hospitals fully approved.....	1,931 or 58.2 per cent.
Hospitals conditionally approved	227 or 6.8 per cent.
Total hospitals fully and conditionally approved .....	2,158 or 65 per cent.
Hospitals not approved.....	1,161 or 35 per cent.

A perusal of the list of Canadian hospitals approved, both fully and conditionally, indicates that 14 more institutions have met the requirements laid down by the American College of Surgeons this year than in 1930. It will be recalled that hospitals of the 25-49 bed group were made eligible for approval only a short time ago. Four of this group were included for the first time in the 1930 list. It may be that the increase in the number of approved hospitals is the result of the eligibility of this group. All provinces except Ontario, Prince Edward Island and Quebec have contributed to this increase.

A comparison of hospitals approved, fully and conditionally, by provinces for 1930 and 1931 indicates the distribution of this increase.

	1930	1931
Alberta .....	14	18
British Columbia .....	9	11
Manitoba .....	10	12
New Brunswick .....	14	15
Nova Scotia .....	15	16
Ontario .....	50	50
Prince Edward Island .....	3	3
Quebec .....	26	26
Saskatchewan .....	12	16

Totals .....	153	167
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Of the 167 hospitals included in the list 24 or 14.4 per cent. have been conditionally approved.

Our Canadian institutions are to be congratulated on the excellent showing they have made, despite the financial depression. Indeed it seems as though hospitals have striven as never before to meet the high standards of personnel, management and equipment required by the American College of Surgeons. In commenting on this, Dr. Franklin H. Martin, Director-General of the College, made this statement: "Although it costs money to operate a good hospital, hard times have not decreased the efficiency of American and Canadian institutions under survey of the American College of Surgeons. Indeed the economic crisis seems to have acted as a challenge to these hospitals to keep their standards higher than ever in order to give safe care for the many persons needing medical aid in times of financial stress."

## New Brunswick Association Endorses Canadian Hospital Council

THE Third Annual Meeting of the New Brunswick Hospital Association, held at Newcastle on October 22nd, 1931, was successful from the viewpoint of attendance, enthusiasm and excellency of programme.

Registration having taken place at the Court House, an address of welcome was made by Mayor J. A. Creaghan, this being responded to by Mr. J. A. Reid, President of the Association. After the presentation of the usual reports, there was an address by the Hon. Dr. Taylor, Minister of Health of the Province of New Brunswick. The Association's representative to the inaugural meeting of the Canadian Hospital Council was then called upon to present his report, following a discussion of which the New Brunswick Hospital Association voted to enter the Council. With their endorsement of the Council all provincial hospital associations, with the exception of the British Columbia Hospital Association, are members.

Dr. G. Harvey Agnew, Department of Hospital Service, Canadian Medical Association, addressed the meeting and was followed by Sister Kenny, president of the Maritime Conference of the C. H. A., whose paper, "The Relation of the Dietary to the Hospital" was well received. Luncheon furnished an enjoyable interlude between the morning and afternoon sessions, with the Miramichi Hospital acting as host. Following luncheon a very enjoyable drive around Newcastle and its environs gave the guests an opportunity to make the acquaintance of the city.

The Convention programme was resumed at 2.15, when a report of the Committee re the "Hospital Act" was presented and discussed. It was finally decided that the present requirements of the hospital situation be given further study and the doctors and nurses of the province approached for their reaction. A former hospital superintendent then addressed the gathering, this being none other than Major A. C. Galbraith of Toronto. Mrs. Stables, President of the Miramichi Hospital Aid spoke on the activities of her organization and suggested what might still be done to assist hospitals.

The interesting topic of "Graduate vs. Student Nurses in Small Hospitals" was discussed by Miss Hively, Superintendent of Miramichi Hospital, this provoking considerable comment. Dr. L. G. Pineault of Campbellton took as his topic "Publicity for Hospitals." Dr. Agnew conducted a Round Table, which was participated in with considerable enthusiasm. Following the election of officers, the meeting adjourned. Mr. A. C. Chapman of Moncton was elected President of the Association for the following year. The public session held in the evening was addressed by Dr. B. G. MacKenzie of Loggieville and Dr. G. Harvey Agnew of Toronto.

Among the significant matters discussed was the possibility of forming a Maritime Hospital Association. A motion was passed to appoint a committee to consider a possible basis upon which such an Association might be formed. Mother Audet brought up the question of the Government's financial assistance to hospitals, as a result

of which a committee was appointed to study the whole matter and work out an equitable system.

The suggestion was made and received favourably that the New Brunswick Hospital Association, the Hospital Association of Nova Scotia and Prince Edward Island, and the Maritime Conference of the Catholic Hospital Association, hold consecutive meetings in 1932 in order that outstanding speakers might more readily be procured. It was thought, too, that attending delegates might find it interesting to stop over for one another's meetings, thereby tripling the possibilities for benefit to be derived therefrom.

The 1932 meeting of the New Brunswick Hospital Association will be held in St. John.

Officers elected are as follows: Honorary President, Hon. Dr. H. I. Taylor; President, A. C. Chapman, Moncton; Vice-president, G. P. Burchill, Nelson; Secretary-treasurer, T. G. Loggie, Fredericton; Executive—Judge H. F. McLatchey, Campbellton; Dr. L. G. Pineault, Campbellton; George Gilbert, K.C., Bathurst; R. Corry Clark, Newcastle; Dr. J. B. McKenzie, Chatham; George A. Robertson and Sister Louise Gertrude, Moncton; M. E. Agar, M.L.A., Dr. R. J. Collins, and Sister Veronica, all of Saint John; J. A. Reid, Fredericton; S. D. Granville, St. Stephen; W. S. Sutton, Woodstock; Dr. P. H. Laporte, Edmundston.

### Executive Officers of Canadian Hospital Council

We are very sorry that Mother Audet, Sister Superior of the Hotel Dieu of St. Joseph, Campbellton, N.B., should have been overlooked in reporting the names of the various officers of the newly organized Canadian Hospital Council in the October issue of this Journal. This was purely an oversight, which we now rectify. The complete list of executive officers as furnished by the Secretary-Treasurer of the Council, Dr. G. Harvey Agnew, is as follows:

President—Dr. F. W. Routley, Toronto, Director of Ontario Red Cross Society and Hon. Secretary Ontario Hospital Association.

First Vice-President—W. R. Chenoweth, Esq., General Superintendent, Royal Victoria Hospital, Montreal, P.Q.

Second Vice-President—Rev. Mother Audet, R.N., Sister Superior, Hotel Dieu of St. Joseph, Campbellton, N.B.

Secretary-Treasurer—Dr. G. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association.

### MEMBERS OF COMMITTEE

Dr. George F. Stephens, Superintendent, Winnipeg General Hospital, Winnipeg, Man.

Mr. L. D. Currie, LL.B., Glace Bay, N.S., President, Hospital Association of Nova Scotia and Prince Edward Island.

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## Smaller Hospitals Object to Order-in-Council

AT the annual meeting of the Ontario Hospital Association, held during the American Hospital Association Convention, vigorous protest was made by the smaller hospitals of the province against the Order-in-Council which decreed that all hospitals under 50 beds be ineligible in future to conduct training schools for nurses. It may be explained that about two years ago the Registered Nurses' Association appealed to the Government for some measure of relief against the overcrowding of the profession, as a result of which the Order-in-Council was passed.

A questionnaire was later circulated among the hospitals affected. Almost without exception the replies expressed regret and dissatisfaction that the Order-in-Council should have been passed. It was therefore with much heat that the matter was debated at the annual meeting of the O.H.A. Previous to the meeting, the Hon. J. M. Robb was approached, and his attitude is said to have been both encouraging and sympathetic.

The outcome was that Mr. George Sutherland of Ingersoll was accorded the privilege of appointing three others to serve on a committee, which would meet a committee from the Registered Nurses' Association to discuss the matter. Those appointed to Mr. Sutherland's committee were J. E. Gayfer of Ingersoll, Dr. Jamieson of Durham and Mrs. Price of Collingwood. Following this discussion, the findings of the two bodies will be presented to the O.H.A. and later brought to the attention of the Minister of Health.

It was pointed out that should this Order go into effect it will not only mean that nurses will have to go to the larger centres to train, and at greater expense, but will also mean that the small hospitals can employ only registered graduates for their staffs.



## Invited to Join International Hospital Association

AT the close of the second International Hospital Congress, which met in Vienna from June 8th to 14th, the representatives of the forty-one countries participating in the Congress voted unanimously to organize an International Hospital Association.

The purpose of the association is to bring about an international exchange of opinion and international co-operation in all problems and in all fields of hospital work and in all relationships: economic, sociological and hygienic. The association is composed of two classes of members: ordinary members, consisting of national hospital associations, and associate members.

These comprise two groups of persons interested directly or indirectly in hospitals: one consists of individuals associated in one way or other in hospitals or cognate institutions, the other will be representatives of firms or organizations standing in a business relationship to the hospitals, such as architects, builders, manufacturers of hospital supplies, merchants and the like.

The associate membership in the International Hospital Association entitles the members not only to free subscription of the "Nosokomeion," the official organ of the association, to full participation in the International Hospital Congress, but above all to participation in the work of the permanent committees. These committees, under the leadership of recognised specialists in various fields, will devote their time in working out standards for the guidance of the hospital field throughout the world.

The annual subscription for associate members of the first description is \$5.00, and for the second, \$1.00.

Appeal is made to all those interested in the proper care of the sick to become associate members. Application may be made to the Secretary General, Dr. E. H. L. Corwin, 2 East 103rd Street, New York.



## 167 Canadian Hospitals Approved by American College of Surgeons

ACCORDING to the list of approved hospitals recently released by the American College of Surgeons, a total of 2,158 hospitals have been approved. The first announcement of these figures was made at the annual clinical and hospital conference of that body in New York City on October 12th. Most of these institutions are fully approved, only 227 meeting with conditional approval.

During the past year Dr. Malcolm T. MacEachern, Director of Hospital Activities, American College of Surgeons, and his associates surveyed 3,319 hospitals. Of this number 1,161 failed to meet standardization require-

## Officials of Canadian Hospital Associations

### Canadian Hospital Council.

President, Dr. F. W. Routley, Toronto.  
Secretary-Treasurer, Dr. G. Harvey Agnew, Toronto.

### Alberta Hospital Association.

President, Mr. A. T. Stephenson, Municipal Hospital, Red Deer.  
Secretary-Treasurer, Mr. T. Cox, Edmonton.

### British Columbia Hospitals Association.

President, J. M. Coady, St. Paul's Hospital, Vancouver.  
Secretary, J. H. McVety, Vancouver.

### Department of Hospital Service, Canadian Medical Association.

Secretary, Dr. G. Harvey Agnew, 184 College Street, Toronto.

### Hospital Association of Nova Scotia and Prince Edward Island.

President, L. D. Currie, LL.B., Glace Bay, N.S.  
Secretary, Miss Ann Slattery, B.A., R.N., Dalhousie University, Halifax, N.S.

### Manitoba Hospital Association.

President, J. H. Metcalfe, Portage la Prairie.  
Secretary, Dr. G. S. Williams, Superintendent, Children's Hospital of Winnipeg.

### Maritime Catholic Hospital Association.

President, Sister Kenny, Hotel Dieu, Chatham, N.B.  
Sec.-Treas., Sister St. Stanislaus, B.A.

### Montreal Hospital Council.

President, Dr. L. A. Lessard, Notre Dame Hospital, Montreal.  
Secretary, Dr. A. L. C. Gilday, Montreal General Hospital, Western Division, Montreal.

### New Brunswick Hospital Association.

President, A. C. Chapman, Moncton, N.B.  
Sec.-Treas., Lieut.-Col. T. G. Loggie, Fredericton.

### Ontario Catholic Hospital Association.

President, Sister Madeline of Jesus, Ottawa General Hospital, Ottawa.  
Secretary, Sister Margaret, St. Michael's Hospital, Toronto.

### Ontario Hospital Association.

President, F. D. Reville, Brantford.  
Secretary, Dr. F. W. Routley, Room 314, Medical Arts Building, Toronto 5, Ont.

### Saskatchewan Hospital Association.

President, Mr. Leonard Shaw, Moose Jaw General Hospital, Moose Jaw.  
Sec.-Treas., G. E. Patterson, Regina.

ments, and are therefore not included in "approved" list.

The number of hospitals surveyed in 1931 is considerably higher than those surveyed in 1930. There is a fractional increase in the percentage of those not approved, a slight gain in the percentage meeting with full approval and a loss of .4 per cent. in hospitals conditionally approved. As in past years, some of those appearing on the approved list have moved up from the conditionally approved class, but there are a number of others included who sought and obtained approval for the first time. On the other hand, some which were fully approved in other years failed to make the grade this year.

The following summary may prove interesting to those interested in statistics:

### 1931 SURVEY

Total hospitals surveyed.....	3,319
Hospitals fully approved.....	1,931 or 58.2 per cent.
Hospitals conditionally approved	227 or 6.8 per cent.
Total hospitals fully and conditionally approved .....	2,158 or 65 per cent.
Hospitals not approved.....	1,161 or 35 per cent.

A perusal of the list of Canadian hospitals approved, both fully and conditionally, indicates that 14 more institutions have met the requirements laid down by the American College of Surgeons this year than in 1930. It will be recalled that hospitals of the 25-49 bed group were made eligible for approval only a short time ago. Four of this group were included for the first time in the 1930 list. It may be that the increase in the number of approved hospitals is the result of the eligibility of this group. All provinces except Ontario, Prince Edward Island and Quebec have contributed to this increase.

A comparison of hospitals approved, fully and conditionally, by provinces for 1930 and 1931 indicates the distribution of this increase.

	1930	1931
Alberta .....	14	18
British Columbia .....	9	11
Manitoba .....	10	12
New Brunswick .....	14	15
Nova Scotia .....	15	16
Ontario .....	50	50
Prince Edward Island .....	3	3
Quebec .....	26	26
Saskatchewan .....	12	16
Totals .....	153	167

Of the 167 hospitals included in the list 24 or 14.4 per cent. have been conditionally approved.

Our Canadian institutions are to be congratulated on the excellent showing they have made, despite the financial depression. Indeed it seems as though hospitals have striven as never before to meet the high standards of personnel, management and equipment required by the American College of Surgeons. In commenting on this, Dr. Franklin H. Martin, Director-General of the College, made this statement: "Although it costs money to operate a good hospital, hard times have not decreased the efficiency of American and Canadian institutions under survey of the American College of Surgeons. Indeed the economic crisis seems to have acted as a challenge to these hospitals to keep their standards higher than ever in order to give safe care for the many persons needing medical aid in times of financial stress."

## New Brunswick Association Endorses Canadian Hospital Council

THE Third Annual Meeting of the New Brunswick Hospital Association, held at Newcastle on October 22nd, 1931, was successful from the viewpoint of attendance, enthusiasm and excellency of programme.

Registration having taken place at the Court House, an address of welcome was made by Mayor J. A. Creaghan, this being responded to by Mr. J. A. Reid, President of the Association. After the presentation of the usual reports, there was an address by the Hon. Dr. Taylor, Minister of Health of the Province of New Brunswick. The Association's representative to the inaugural meeting of the Canadian Hospital Council was then called upon to present his report, following a discussion of which the New Brunswick Hospital Association voted to enter the Council. With their endorsement of the Council all provincial hospital associations, with the exception of the British Columbia Hospital Association, are members.

Dr. G. Harvey Agnew, Department of Hospital Service, Canadian Medical Association, addressed the meeting and was followed by Sister Kenny, president of the Maritime Conference of the C. H. A., whose paper, "The Relation of the Dietary to the Hospital" was well received. Luncheon furnished an enjoyable interlude between the morning and afternoon sessions, with the Miramichi Hospital acting as host. Following luncheon a very enjoyable drive around Newcastle and its environs gave the guests an opportunity to make the acquaintance of the city.

The Convention programme was resumed at 2.15, when a report of the Committee re the "Hospital Act" was presented and discussed. It was finally decided that the present requirements of the hospital situation be given further study and the doctors and nurses of the province approached for their reaction. A former hospital superintendent then addressed the gathering, this being none other than Major A. C. Galbraith of Toronto. Mrs. Stables, President of the Miramichi Hospital Aid spoke on the activities of her organization and suggested what might still be done to assist hospitals.

The interesting topic of "Graduate vs. Student Nurses in Small Hospitals" was discussed by Miss Hivey, Superintendent of Miramichi Hospital, this provoking considerable comment. Dr. L. G. Pineault of Campbellton took as his topic "Publicity for Hospitals." Dr. Agnew conducted a Round Table, which was participated in with considerable enthusiasm. Following the election of officers, the meeting adjourned. Mr. A. C. Chapman of Moncton was elected President of the Association for the following year. The public session held in the evening was addressed by Dr. B. G. MacKenzie of Loggieville and Dr. G. Harvey Agnew of Toronto.

Among the significant matters discussed was the possibility of forming a Maritime Hospital Association. A motion was passed to appoint a committee to consider a possible basis upon which such an Association might be formed. Mother Audet brought up the question of the Government's financial assistance to hospitals, as a result

of which a committee was appointed to study the whole matter and work out an equitable system.

The suggestion was made and received favourably that the New Brunswick Hospital Association, the Hospital Association of Nova Scotia and Prince Edward Island, and the Maritime Conference of the Catholic Hospital Association, hold consecutive meetings in 1932 in order that outstanding speakers might more readily be procured. It was thought, too, that attending delegates might find it interesting to stop over for one another's meetings, thereby tripling the possibilities for benefit to be derived therefrom.

The 1932 meeting of the New Brunswick Hospital Association will be held in St. John.

Officers elected are as follows: Honorary President, Hon. Dr. H. I. Taylor; President, A. C. Chapman, Moncton; Vice-president, G. P. Burchill, Nelson; Secretary-treasurer, T. G. Loggie, Fredericton; Executive—Judge H. F. McLatchey, Campbellton; Dr. L. G. Pinault, Campbellton; George Gilbert, K.C., Bathurst; R. Corry Clark, Newcastle; Dr. J. B. McKenzie, Chatham; George A. Robertson and Sister Louise Gertrude, Moncton; M. E. Agar, M.L.A., Dr. R. J. Collins, and Sister Veronica, all of Saint John; J. A. Reid, Fredericton; S. D. Granville, St. Stephen; W. S. Sutton, Woodstock; Dr. P. H. Laporte, Edmundston.

### Executive Officers of Canadian Hospital Council

We are very sorry that Mother Audet, Sister Superior of the Hotel Dieu of St. Joseph, Campbellton, N.B., should have been overlooked in reporting the names of the various officers of the newly organized Canadian Hospital Council in the October issue of this Journal. This was purely an oversight, which we now rectify. The complete list of executive officers as furnished by the Secretary-Treasurer of the Council, Dr. G. Harvey Agnew, is as follows:

President—Dr. F. W. Routley, Toronto, Director of Ontario Red Cross Society and Hon. Secretary Ontario Hospital Association.

First Vice-President—W. R. Chenoweth, Esq., General Superintendent, Royal Victoria Hospital, Montreal, P.Q.

Second Vice-President—Rev. Mother Audet, R.N., Sister Superior, Hotel Dieu of St. Joseph, Campbellton, N.B.

Secretary-Treasurer—Dr. G. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association.

#### MEMBERS OF COMMITTEE

Dr. George F. Stephens, Superintendent, Winnipeg General Hospital, Winnipeg, Man.

Mr. L. D. Currie, LL.B., Glace Bay, N.S., President, Hospital Association of Nova Scotia and Prince Edward Island.



## The New Wing of the Hotel Dieu, Kingston, A Model of Hospital Construction

By MARY L. BURCHER, B.A.

THE new wing of the Hotel Dieu Hospital at Kingston, Ontario, formally dedicated by His Excellency, Archbishop O'Brien on Saturday, October 3rd, and opened for inspection the following Monday, crowns 86 years of faithful service in a country which has been quick to appreciate the high degree of hospitalization facilities which the Order of Religious Hospitallers of St. Joseph has provided. It is in honour of the patron saint of this and other Hotel Dieu institutions that the new wing has been called the "St. Joseph Building." It constitutes one more unit in a chain of hospitals, "children" of the parent institution at Montreal, founded by Jeanne Mance, patron of nursing and hospitals in the Dominion. The Hotel Dieu of Kingston is now the Mother House of four thriving branches—the Hotel Dieu at Cornwall; St. Bernard's Hospital, Chicago, the third at Polson, Montana, and the fourth at Hartford, Wisconsin.

The first Hotel Dieu sisters came to Kingston in 1845 in answer to an appeal made by Bishop Gaulin. Four years elapsed between the time the first request was made and the opening of the Kingston institution. It was established through the instrumentality of Mlle. Josephine Perras, who devoted herself and her fortune to this work. This pious woman therefore stands in the same relation to Kingston as does Mlle. Jeanne Mance to Montreal. From the first, friendly relations have been maintained in Kingston between the sisters of the Hotel Dieu and those of Notre Dame Convent. The first property, now known as the "old" Hotel Dieu on Brock Street, was purchased for \$3,000. It was encouraging to receive at the outset the offer of free service to the sick from Dr. Hallowell, a non-Catholic Kingston physician, and throughout its history the hospital has enjoyed the same kindnesses. It was on October 28th, 1845, that the ceremonies of taking possession of the hospital, chapel and monastery were observed. From then until 1910, the care of orphans, as well as of the sick, was assumed by the sisters.

The first new wing of the hospital was commenced in 1872. In 1877 and 1879 the hospital was officially visited by the Papal Delegate to Canada, the Governor-General and Princess Louise. After 1880, and during the regime of Archbishop Cleary, the hospital underwent great expansion. It was soon realized that the Brock Street headquarters were not large enough, and in 1891 Regiopolis College and grounds were purchased and transformed into an up-to-date hospital. Three years later the foundation stone for the new chapel was laid. In 1897 the sisters extended their activities to Cornwall.

In 1899 a modern and thoroughly equipped surgical theatre was erected at the northwest wing of the main hospital. In 1905 the Ladies' Auxiliary was formed, since which time it has been a tower of strength to the hospital. Even with the additions enumerated, the hos-

pital was still too small, so in 1909 it was decided to build a new wing on Brock Street to provide much-needed private accommodation. The Training School for Nurses was opened in 1913, since which year its growth has necessitated a Nurses' Residence. In 1918 the Hotel Dieu became affiliated with the Catholic Hospital Association of the United States and Canada. In the same year the flu epidemic took its toll of the sisters, in common with the whole North American continent, and even the hospital corridors were filled to overflowing.

And now, after years of careful planning and far-reaching investigation the Hotel Dieu Hospital in Kingston has been reorganized, a new building erected and hospital equipment of the most modern design installed. The new 55-bed addition has been designed to accommodate private patients and modern scientific treatment departments. The top floor houses four operating rooms and tributary departments. The ground floor is utilized for examination and treatment, the second, third and fourth for private rooms and suites, all furnished in such a manner as assures the maximum of comfort and convenience for the sick. It has been classed by leading authorities as one of the finest and most complete hospital plants for its size anywhere on the continent.

The new five-storey wing is built of native limestone, with the main entrance on the ground floor level on Brock Street. The entrance is beautiful in design and, at night, is lighted by clusters of lights mounted on fluted steel standards. Two wide stairways and a new elevator give access to the floors above. The stairways, being separate from the rest of the wing and fireproof, serve as fire escapes. Each floor is divided lengthwise by a corridor, which coincides with those in the older wing. Corridors are lighted at night with lights located near the floor level. Special attention has also been paid to the lighting of patients' rooms. The floor construction throughout is of terrazzo. A new signal system, in which lights are used instead of bells, has been installed. Ventilation is controlled by a fan system operated in the basement. The building is heated by steam and hot water from the newly enlarged central heating plant.

On the ground floor is the X-Ray and Physiotherapy departments, the nurses' classrooms, emergency operating room, utility and other accommodations which are necessary adjuncts. The second, third and fourth floors are devoted to patient accommodation in private rooms, single and en suite, each with its own bath and toilet. The furnishings in each are of the most modern design. Telephones and radios are provided in many of the rooms. At the east end of the floors are solariums extending across the full width of the building, each effectively decorated.

The operating suite on the fifth floor consists of a complete eye, ear, nose and throat suite, two major operating rooms, a minor operating room, doctors' scrub-up





*St. Joseph's Building, Hotel Dieu Hospital, Kingston.*

room and laboratory for quick examination. New kitchen equipment has been added to the new kitchen constructed between the new wing and the Nurses' Residence. It, too, is equipped with the most modern appliances on the market. The top of this new adjunct will be used as a roof-garden for patients.

The addition of new operating rooms is expected to make available the old one for clinical teaching. The establishment of outpatient clinics is under consideration and there will be an enlargement of the present very commodious maternity department and nursery. The fifty-five new rooms greatly enlarges the ward accommodation as well.

No detail has been omitted which would tend to contribute to the comfort and well-being of the patient, in the provision of which the Robert Simpson Co., Limited, Hospital Contract Department, under the direction of Mr. H. G. Haynes, played a leading role. The Contract Department was designated by the sisters to equip and furnish the hospital throughout. The deluxe suites and special coloured steel rooms, twelve in number, are of unusual interest. Beautiful drapes are lined on the outside with the fabric of the drapes hung in the typical private rooms, this arrangement creating a uniform appearance from the outside. The coloured steel furniture sets the pace for the rest of the furnishings, coverings, rugs and drapes, carrying out a predetermined colour scheme such as mahogany and blue, shaded blue, rose and grey, ivory and rose, green and mauve, green with

ivory, ivory with green and others equally charming.

All deluxe rooms have combination dresser and dressing tables and two rich Baristan domestic oriental rugs. Lazy-boy chairs provide the complete relaxation required by the convalescent patient. Many of the deluxe rooms have been donated by the Alumnae, Ladies' Auxiliary and Service Clubs. The typical private rooms are done in varied colour schemes. The drapes of pastel striped case-ment cloth are sunfast and tubfast and require no lining. Their colour combinations are refreshingly new. These rooms contain a combination dresser and dressing table, bench with excellent quality repp upholstery, easy chair and side chair with covers to match. The easy chairs combine comfort and relaxation with utility and long life, being made with wooden instead of upholstered arms. All beds are of the latest type Simmons, and mattresses are by Marshall. There are two Baristan rugs in every room which harmonize with the general colour scheme and add much to the homey atmosphere of the rooms. All beds are equipped with Simpson's special bed head lamps, which are flexible and adaptable to the varied requirements of the sickroom. There are no net curtains, only drapes in delicate shades, each floor having its own colour scheme.

The lecture room situated on the main floor is equipped with tablet armchairs for note-taking, each being furnished with an underslung shelf for books. These require only the minimum of space and give the maximum convenience. An anatomical chart, skeleton cabinet and

projection screen are among the teaching aids provided. A demonstration room for nursing instruction adjoins.

The solariums on each floor have individual colour schemes, such as green lined with red, and red upholstered seats and gold drapes; red with a black line, brown with buff, and blue with gold. Lazyboy chairs, ferneries, deep cushioned rattan chairs and writing desks create a cheerful home-like atmosphere.

There are two parlour suites, one known as the "Bishop's Parlour," in which cardinal red is the dominant note. The Baristan rug is deep burgundy in colour, the Lazyboy chair upholstered in old rose antique silk velour. Occasional furniture of the finest make includes a beautifully matched pie-crust table and a combination desk-telephone table. An ecclesiastical chair was specially designed and executed according to Simpson's specifications, needlepoint done by the sisters being used for the seat and back. Another parlour en suite with private room has a green and gold motif, this colour scheme extending to the rug as well.

The floor covering throughout the hospital is unique. The colour schemes were decided upon by the sisters, who displayed unusually good judgment and taste. The corridors are covered with triple A thickness jaspe linoleum with blue-green mottle on grey base. The bedrooms are covered with the same thickness of linoleum with walnut jaspe stripe. This, with the black terrazzo border, creates a very effective floor covering.

The instrument cabinets in the surgery are of new design, with those in Dr. O'Connor's eye, ear, nose and throat suite particularly interesting because of the fact that they were specially designed to house this famous surgeon's very delicate instruments. Of Simpson design, these instrument cabinets were made by the Standard Tube Company. In the main surgeries instrument cabinets and other compartments flank the X-Ray view box, a simple arrangement which greatly facilitates the work

of the surgeon in his exacting task. Operating rooms are Scanlan-Morris equipped, this equipment including the new A5 Scanlon-Balfour table in major rooms. The lighting in major rooms is Operay-multibeam 12B plus fixtures.

The kitchen is now being completed and will be equipped by Wrought Iron Range, and installed by the Contract Department of the Robert Simpson Co., Limited. This department is the last word in modern equipment. All tops are of solid stainless steel. Among the newer pieces of equipment is a stainless steel lined steamer, a great forward step in steamer construction.

The X-Ray Department has been transferred from the old to the new wing, and is located on the ground floor. It has been completely refurnished with new equipment of the latest design. The X-Ray Department includes Power Plant, Radiographic and Fluoroscopic Rooms, Dark-room, View-room, Waiting Room and tributary services. A mobile unit is located in the dental department and may be moved to the bedsides of patients. The X-Ray Department is in charge of Dr. J. P. Quigley, whose experience extends over a period of 17 years.

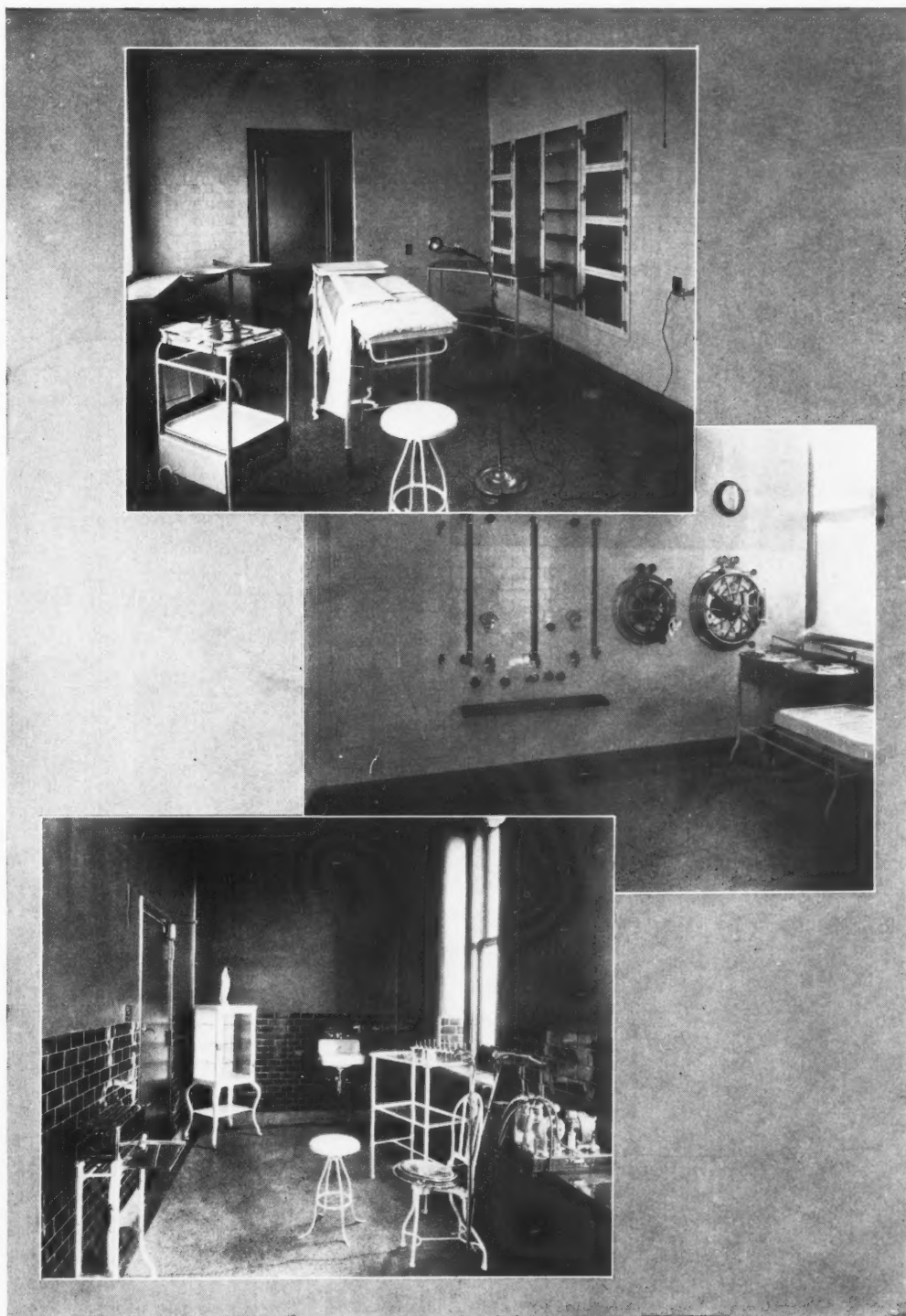
The Physical Therapy Department is adjacent to the X-Ray Department. It, too, has been completely refitted with the latest treatment machines, including a Super-Excell Diathermy machine, radiant heat lamps, Infra-Red lamp, an air-cooled Quartz lamp and water-cooled machine, a Sine-wave generator. This department is also under the direction of Dr. Quigley, who is assisted by a Sister, who has specialized in massage and joint manipulation. The Hydrotherapy Department is supplied with a continuous bath, Sitz bath, electric cabinet bath, shower bath, etc. Colonic Therapy is made possible through the donation of a Shellburg unit. The Fracture Department has a McKenna Orthopaedic Table to facilitate its work. A full line of Zimmer splints has been added to the equipment also.



Left—A typical private room in the Hotel Dieu Hospital combines, as you see, the comforts of home with the utility demanded by good hospital practise.

Right—Lectures are anything but irksome to the nurses-in-training at the Hotel Dieu, Kingston. This classroom is furnished with tablet armchairs and all the latest teaching devices.

## Hotel Dieu Hospital, Kingston



*Top—This is Dr. O'Connor's eye, ear, nose and throat operating room. The built-in instrument cabinets were specially designed to accommodate the surgeon's delicate and costly instruments.*

*Centre—Sterilizers are of the built-in type and thoroughly in accord with modern sterilizing practise.*

*Bottom—This is one more of the seven rooms which comprise the eye, ear, nose and throat suite. The treatment room is equipped with everything designed to facilitate the work of the surgeon.*

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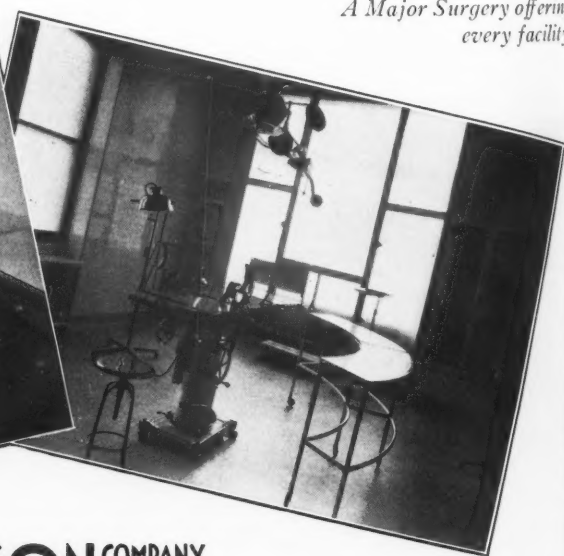
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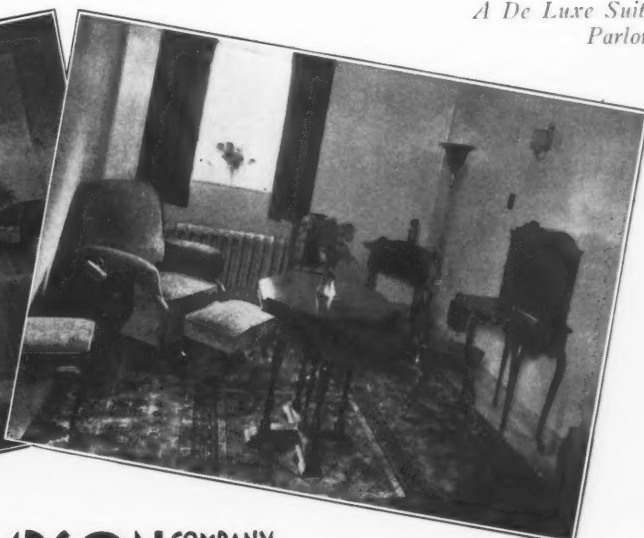
*New St. Joseph's Building, Hotel Dieu Hospital.*

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### Hotel Dieu Hospital, Kingston

*The colour motif for this private par-lour en suite with private room and bath is green and gold, a colour scheme which is extended to the rug as well as to hangings and upholstery. Note the beautiful pieces of "occasional" furniture.*

*Taste and good judgment characterize the deluxe private rooms, each of which has its own individual colour scheme. This one is done in shaded blue, furniture as well as rugs, hangings and upholstery. Not even a well-appointed home could boast more charming surroundings than these deluxe rooms.*




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## Toronto's Junior League Makes Splendid Gift to Hospital

**F**RIDAY, October 16th, will go down in the annals of the Hospital for Sick Children, Toronto, as a red letter day, for \$14,000 gifts to a hospital, either in cash or in equipment, are not every day occurrences. Oh, that they were! It was on this day that formal presentation of 322 new beds and a hydrotherapeutic tank was made to the hospital by the Junior League of Toronto, whose activities over a number of years had netted them this handsome sum. Officials of the League approached the Superintendent, Mr. J. H. Bowers, last year, and explained that their organization wished to devote their cash surplus to some hospital purpose.

When it was learned that most of the beds in the hospital had been in service for as long as 30 years and had no modern improvements, it was decided that the hospital should be equipped with new beds throughout. The 322 beds purchased cost the League \$10,000. The remaining \$4,000 of their surplus was expended on a hydrotherapeutic tank, the first in Canada, and a boon to an institution which handles as many infantile paralysis cases as does the Hospital for Sick Children. In order that there might be some tangible record of the hospital's gratitude to the Junior League a bronze tablet has been erected in the front corridor of the hospital, the inscription upon which reads as follows:

"Since 1924 the members of the Junior League of Toronto have given much voluntary aid to this hospital, both in the out-patient and other departments. In the year 1931, through their kindness, this hospital was re-equipped with over 300 beds for the patients and the first hydrotherapeutic tank in Canada was installed."

Following the formal presentation of the beds and hydrotherapeutic tank, the members of the League presented a marionette show and moving pictures in the various wards of the hospital, and furnished every child with a gay balloon, thereby transforming the hospital for a few hours into a veritable fairyland. Following this entertainment there was a reception in the Nurses' Residence, where we chatted with Miss Orion Warwick, Publicity Chairman of the League. From Miss Warwick I obtained considerable information anent the activities of the Guild.

In the first place every Guild member must work. She has no alternative, for at the end of a probationary year she is expected to indicate to just what activity she will pledge her support. Much of the Guild's activities centre round the Hospital for Sick Children, for which they collect breast milk from mothers throughout the city, and to which their "Motor Committee" bring children treated by the out-patient department. Their motor department allocates 32 members to the service of the hospital, the "Save-the-Baby" work is conducted by 7 members, social service desk work is done by 10 members, 4 work in the supply room, 6 in the clinics and 2 do occupational therapy work. Junior League members work in 22 "Well-Baby" clinics throughout the city, where they do clerical work to assist the nurse in charge.

Their activities outside the hospital consist of making layettes through their Sewing Department; making scenery and costumes for their marionette show, which, by the way, they rent out for children's parties, thereby raising considerable money for their charitable work; Girl Guide work; an Unemployment Exchange for the distribution of clothing, etc., which spent no less than \$7,000 last winter and which will continue its activities throughout the coming winter. The League has for some time operated an "Opportunity Shop," where used clothing, donated by friends, is sold to help swell their charity fund. The League has 275 members, every one of whom must make her contribution to the charitable lines of endeavour for which the League has become so well known.

Before leaving we had an opportunity of seeing the new hydrotherapeutic tank in use. Patients suffering from infantile paralysis were being given therapeutic treatments under water, which because of its buoyancy makes it easier for paralyzed limbs to function. The tank looks very much like a swimming tank, except that it is smaller. It is lined with ivory and blue tiles, is knee deep at one end and breast high at the other. During treatments the water is heated to 87 degrees. Platforms under water act as "treatment tables" for the therapist in charge. Inflated rubber animals float about on the water, large enough for the children to straddle, thereby encouraging movement while in the tank. To watch the children undergoing treatment is to know that they enjoy the water.

The nurse in charge, Miss Blackhall, is a physiotherapy graduate of the University of Toronto. Previous to the installation of the tank, she was sent to Warm Springs, Georgia, to take special training in this particular branch of work. Miss Blackhall has confidence in the combined effects of massage and under-water activity in which the child patients engage while in the tank. We are pleased to have obtained Miss Blackhall's consent to write an article within the next few months dealing with the unique work in which she is engaged.



*This is a corner of the newly constructed Hydrotherapeutic Tank, the gift of the Junior League of Toronto to the Hospital for Sick Children. Miss Blackhall (right) and Miss Hoidge (left), Physiotherapists, are seen giving under-water massage. This Tank is the first of its kind in Canada.*



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Trustee, American Protestant Hos-  
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*DR. CHAS. S. WOODS,  
Superintendent, St. Luke's Hospital,  
Cleveland, Ohio; member Executive  
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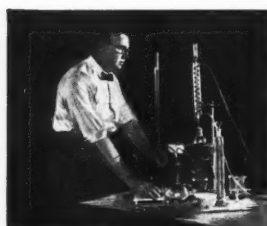


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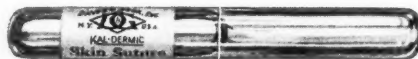


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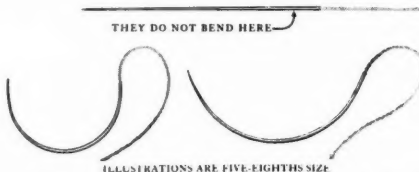
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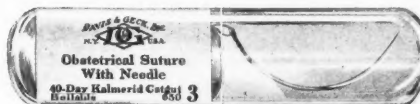
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3	

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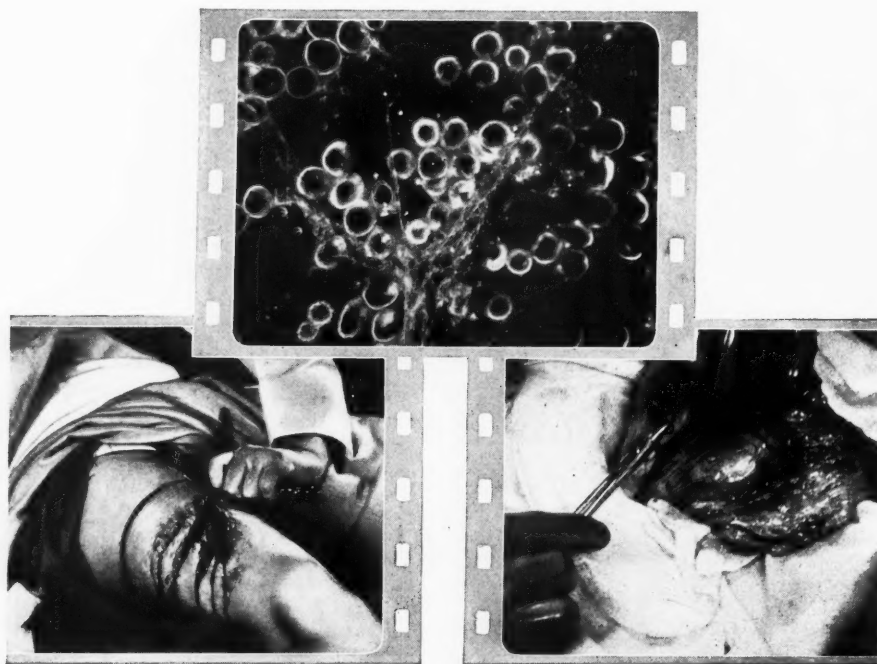
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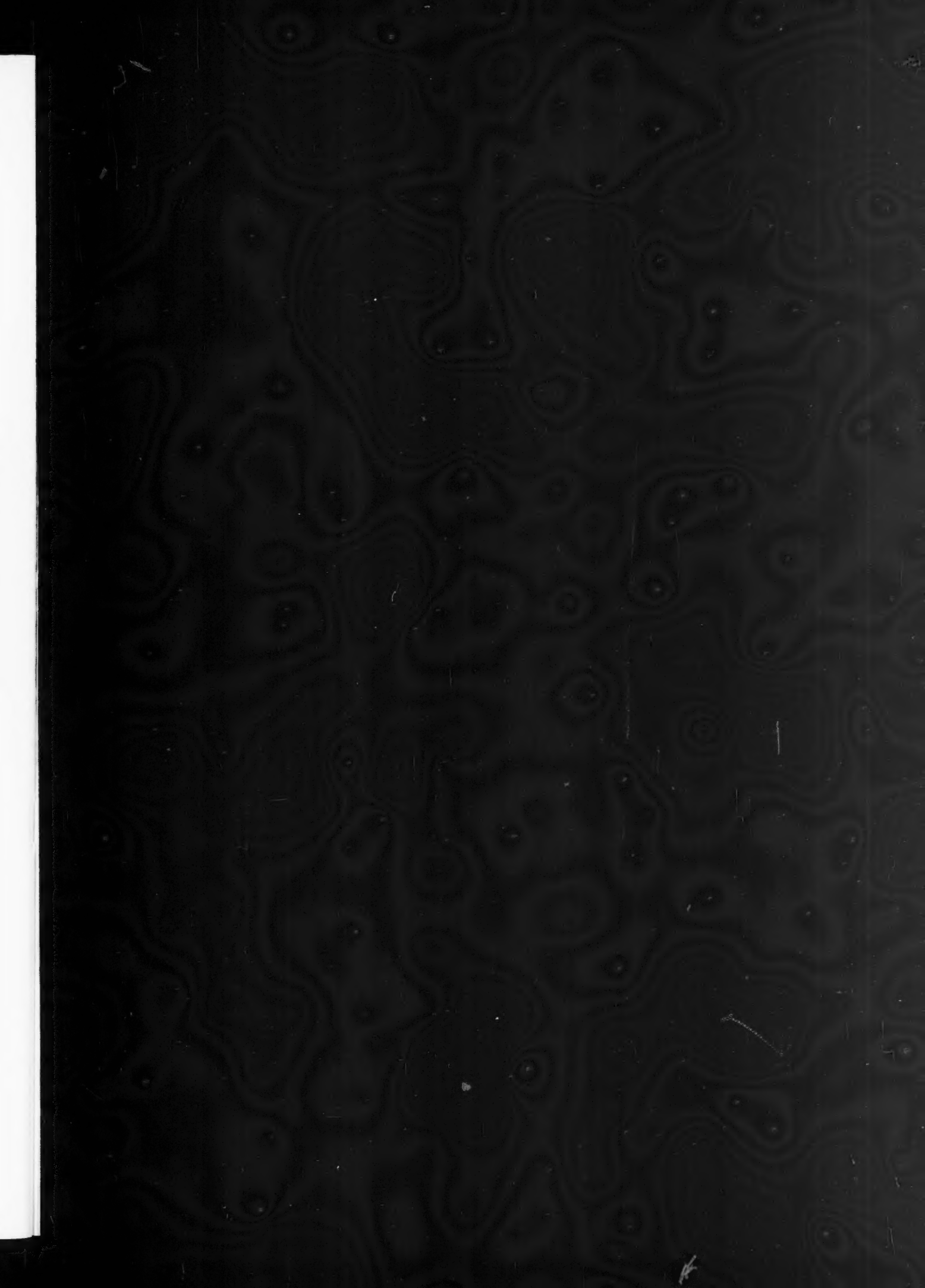
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### British Columbia Hospitals Association Elects New Officers

J. M. Coady, of St. Paul's Hospital, Vancouver, is the new president of the B. C. Hospitals Association, which concluded its fourteenth annual convention with a session at the Empress Hotel on September 11th. Mr. Coady succeeds J. H. McVety, of Vancouver, to whom the association passed a cordial vote of thanks for the efficient manner in which he had held the office for the past three years. Declining renomination for the presidency, Mr. McVety, however, accepted the office of secretary.

Other officers were chosen as follows: Dr. E. M. Pearce, Royal Jubilee Hospital, Victoria, first vice-president; W. B. Hughes-Games, Kelowna, second vice-president; Miss G. M. Currie, R.N., North Vancouver, treasurer; Dr. A. K. Haywood, Vancouver General Hospital, chairman of committee on medical affairs; George McGregor, Victoria, chairman of committee on business affairs; Miss J. A. Harrison, Prince Rupert, chairman of committee on nursing affairs; E. S. Withers, New Westminster, chairman of committee on constitution and by-laws; Mrs. A. C. Wilkes, Vancouver, chairman of committee on women's auxiliaries; A. P. Glen, Ladysmith, Vancouver Island regional representative on the executive committee; George Haddon, Vancouver, Vancouver regional representative, and various other regional representatives of interior points.

The resolutions committee brought in a number of resolutions which arose. The recommendation that the Government be asked to appoint a full-time hospital inspector in the interests of efficiency, economy, and standard practices was passed.

Less successful was the resolution calling for amendment to the Hospital Act in such a way as to provide for increase of municipal grants from seventy cents to one dollar a day to meet the situation created by the greater number of nonpaying patients entering hospitals to-day as the result of the financial depression. This resolution was defeated, but it was decided to send three delegates to the forthcoming meeting of the Union of B.C. Municipalities. The delegates named were the president, the secretary and Dr. A. K. Haywood of the Vancouver General Hospital.

#### Oxygen Therapy Literature Available

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**From Oxygen Therapy Service Inc.,** 133 East 58th Street, New York City:

"Recent Trends in Oxygen Therapy," with Bibliography; "The Barach-Davidson Oxygen Tent"; "An Oxygen Chamber Simplified in Design and Operation," by Alvan L. Barach, M.D.; "The Barach Portable Oxygen Chamber"; "Effects of Treatment with Oxygen in Cardiac Failure," by Alvan L. Barach, M.D., and Dickinson W. Richards, Jr., M.D.; "Oxygen Therapy in Pneumonia," by Alvan L. Barach, M.D.

**From The Foregger Company Inc.,** 47 West 42nd Street, New York City:

"Oxygen Therapy," by Dr. Buettner. A circular covering a new and simple oxygen tent intended for either the hospital or the general practitioner.

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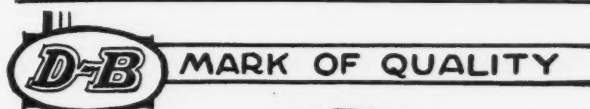
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# The Therapeutic Use of Oxygen

Extracts from a Paper by

ALVAN L. BARACH, M.D.,

Department of Medicine, College of Physicians and Surgeons, Columbia University, and the Presbyterian Hospital, New York.

**H**ISTORICAL. The therapeutic use of oxygen began in the year 1917 when two distinguished physiologists, Haldane and Metzger, observed that favorable results followed its effective administration. Haldane devised a face mask which was successfully used in cases of pulmonary edema due to war-gas poisoning. Metzger treated patients with pneumonia with an oral insufflation apparatus and reported marked improvement in some cases. As a result of the beneficial effects of adequate oxygen therapy reported by these two physiologists, an impetus was given to the use of oxygen in clinical disease. During the next ten years the physiologic principles of oxygen-want were reviewed and effective methods of administering oxygen brought to the clinic for the first time.

The physiologic basis for the therapeutic use of oxygen rests on three acts of evidence:

1. The harmful effects of acute oxygen-want were demonstrated by the symptoms of mountain sickness and by laboratory experiments in closed chambers in which the air was artificially deprived of oxygen. Among these effects were cyanosis, rapid pulse rate, disturbances in breathing, nausea and vomiting, slight fever, fatigue, delirium, and finally collapse (Barcroft, Haldane and others).

2. By means of the arterial puncture (Hurter and Stadie) and accurate methods of blood gas analysis (van Slyke and Haldane), it was shown that the arterial blood of patients with pneumonia at times contained a markedly diminished oxygen content. The degree of arterial oxygen unsaturation found in pneumonia was frequently as severe as that which experimentally induced the symptoms noted above.

3. The administration of 40 to 60 per cent. oxygen to pneumonia patients suffering from acute anoxemia raised the oxygen saturation of the arterial blood to or near normal value (Meakins, Stadie, Barach and Binger).

**Methods.** This evidence threw into sharp outline the problem of devising suitable methods of administering high concentrations of oxygen. Oxygen chambers were constructed by Haldane and Barcroft in England, by Boothby at the Mayo Clinic, in Rochester, Minn., by Stadie and Binger at the Rockefeller Institute, and by Barach at the Presbyterian Hospital in New York. They consist of leak-tight rooms which the patient may comfortably occupy in a high concentration of oxygen. They are ventilated by means of motors and pumps which drive the air out of the chamber. This air is then deprived of carbon dioxide, cooled and dried and returned with an additional quantity of oxygen from a tank. An exception to this system is the chamber of Barach, which is ventilated by an internal thermal circulation of the air, a description of which follows.

The first oxygen tent was made by Leonard Hill and consisted simply of a rubberized fabric arranged about the patient in bed. Subsequently Roth constructed a head tent and Barach and Binger a bed tent. Later, Barach developed a tent in which the air was dried and cooled by direct passage over ice. It consists of a square hood enclosing the head and chest of the patient, and has two windows in front and a window in the top. The ventilation of the latter tent provides a more comfortable atmosphere for the patient, and its use will be described below. The tent, like the chamber, provides an atmosphere rich in oxygen and is ventilated by a closed system which removes carbon dioxide cools and dries the air which is then rebreathed. A variable proportion of fresh air is drawn into the tent by means of leakage about the rubberized fabric. Recently an air filter has been added to remove coarse and fine dust particles in order to extend its use to the treatment of asthma. Provision has also been made to administer CO<sub>2</sub> in the tent. The shape has been changed to a triangular form to allow more room for the shoulders and arms of the patient. It has the advantages of a small portable oxygen chamber, and may be used both in the hospital and in the home. Oxygen therapy may be accomplished with precise regulation of the oxygen concentration desired, and with adequate removal of carbon dioxide, moisture and heat. Its disadvantage is that it may become disturbing to the patient because of the feeling of enclosure of which some individuals complain. This objection can generally be handled by adept psychological management on the part of doctor and nurse. On the whole, this oxygen tent used by the author in over 300 cases in four and a half years has been found very satisfactory. For the physician especially interested in the treatment of pneumonia, it is feasible to learn its use in a short preliminary training. Since it employs a closed system of ventilation, it must be under intelligent supervision. Inasmuch as it is now used in many of the medical and surgical clinics, it is possible for the physician interested in this therapy to become familiar and experienced with it.

There is one other method which has stood the test of trial and which is more available for general use than the above, namely, the nasal catheter. It became known during the war, and when employed under ideal conditions is moderately effective.

## Dosage

The conception of dosage in oxygen therapy is an important one. Our investigation of the efficiency of various methods revealed the fact that by means of the nasal catheter it could be increased from 30 to 33 per cent., and in some instances to 35 per cent. An oxygen concentration of less than 30 per cent. rarely has any value, but 30 to 35 per cent. oxygen generally lessens cyanosis and increases the arterial oxygen saturation. For the severe cases, an



oxygen concentration of 40 or 50 per cent., and occasionally for short periods, 60 per cent., may be needed or the maximal beneficial effect of oxygen treatment. Since oxygen tents and oxygen chambers are not universally available, advantage should be taken of a method which has a moderate effectiveness if properly employed. Its use will, therefore, be described in detail.

The nasal catheter should be a No. 10 French (smallest size), perforated one inch from its terminal by four small holes, in order that the stream of oxygen may not lodge continuously on the same part of the mucous membrane. It is inserted as far as the nasopharynx, withdrawn one-half inch so as not to cause gagging and fastened to the side of the cheek or forehead by adhesive tape. Oxygen is bubbled from a tank at the rate of 4 to 40 liters per minute.

We have discussed three methods of oxygen therapy in use at the Presbyterian Hospital, New York, for the treatment of oxygen-want in pneumonia. The nasal catheter is the routine method for general use if employed under the conditions specified above. The oxygen tent is a more highly specialized method requiring an additional, although short, training on the part of the doctor. The other more portable forms of apparatus have the disadvantage of interfering with the comfort of the patient and have been abandoned by the author after a thorough trial.

The oxygen chamber which we have developed at the Presbyterian Hospital is ventilated by the use of convection currents initiated by a system of brine pipes on one wall and a steam radiator on the other, both concealed by metal covers painted the color of the room. There are no electric pumps, fans or motors. The temperature is regulated by a thermostat, the humidity by a humidostat, both

acting on valves controlling the inlet of brine and steam. It is more simply run than the tent. The air circulates at the rate of approximately 35 feet per minute. The soda-lime is placed under the brine pipes, and should be replaced once a week. It is the ideal method for the comfort of the patient. The author has installed private oxygen chambers in houses for the treatment of respiratory and cardiac disease.

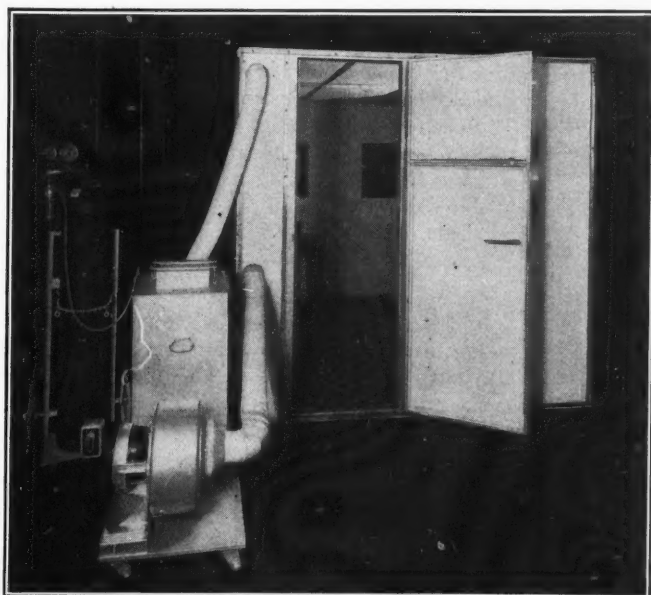
#### Indications

The physiologic indication for oxygen treatments is acute oxygen-want. It occurs predominantly in pneumonia, both lobar and broncho-pneumonia, in acute coronary thrombosis, and in cardiac decompensation with congestive heart failure. The clinical indication for treatment is the first appearance of cyanosis, manifested generally in the nailbeds as a bluish tinge, or in the lips. A dark gray or slate-colored appearance in the nails may indicate severe oxygen-want. In the presence of anemia, oxygen may be indicated in pneumonia because the transport of oxygen is crippled to begin with. Cyanosis may be absent because the amount of hemoglobin is insufficient to transmit the blue color. The nasal catheter should be instituted early and persisted in until the cyanosis has cleared. In the severe cases, if an oxygen tent or chamber is available, they are to be preferred for the reasons mentioned above. Generally, oxygen treatment should be continued until the patient has had a crisis or is thought to be out of danger.

#### Value of Oxygen Treatment

When extensive consolidation of the lungs has taken place in pneumonia and the alveolar space is in large part occupied by purulent exudate, the diffusion of oxygen from the air to the blood has been diminished, with a resultant lack of oxygen in the tissues of the various

*(Continued on next page)*



*The Barach Portable Oxygen Chamber, illustrated at left, is designed for use in hospitals and sanitariums, and may also be operated in private houses when necessary.*

## The Therapeutic Use of Oxygen

(Continued from preceding page)

organs. When this condition is of abrupt onset, it may be termed acute pulmonary insufficiency or acute oxygen-want, due to the failure of the lung to transmit its normal supply of oxygen through the alveolar membrane. The harmful effects of impaired lung function (oxygen-want) on the heart, respiration and central nervous systems are thus added to the toxemia of the pneumococcus. In the mild or moderate instances of impaired lung function, oxygen therapy removes the distressing symptoms due to oxygen-want. In the severe cases it prolongs life by maintaining lung function until perhaps the immunity mechanism overcomes the toxemia of the disease.

Over 300 cases of pneumonia have been treated by the author by means of the oxygen tent or oxygen chamber. Additional cases have been reported by Stadie, Meakins, Binger and Boothby. An analysis of oxygen treatment on the basis of the combined results of these authors supports the conviction that oxygen therapy in adequate doses is beneficial to many, and life-saving to a limited number. Recently the author reported a series of eight cases of pneumonia in which removal from an oxygen environment was followed by a collapse, indicating in these instances that life was being prolonged by oxygen. A recent case of chronic lobar pneumonia type III was in an oxygen tent for two months before he could dispense with oxygen; on twelve occasions he was removed from the tent, with the recurrence of such alarming symptoms as to necessitate the continuance of oxygen treatment. When his lungs finally cleared, he was removed without symptoms.

The most obvious effect of oxygen treatment is the clearing of the cyanosis, or its diminution. Increased comfort of the patient and slowing of the pulse rate are generally produced. In some instances the pulmonary ventilation is decreased either by a gradually reduced rate of respiration or a decreased tidal air. According to Boothby, a lowered temperature frequently follows oxygen treatment in pneumonia. In our experience this has also often occurred. It has seemed to us that delirium was at times noticeably lessened by oxygen treatment.

No statistical evaluation of oxygen therapy in pneumonia is possible at the present time since the severest cases are generally selected for treatment. We arrive at the conclusion that oxygen therapy is valuable from the

modification of the course of the disease in the individual cases, when oxygen is instituted and at times when it is withdrawn prematurely. Our present evidence indicates that oxygen therapy prolongs life in pneumonia patients who show cyanosis, and in that way increases the likelihood of the patient building up sufficient antibodies to overcome the infection agent.

In acute coronary thrombosis (so-called angina pectoris) we have had instances of life being prolonged until the patient's heart developed the capacity to carry on without oxygen.

In cardiac decompensation characterized by cyanosis and congestive heart failure, the inhalation of oxygen relieves the shortness of breath, increases the general well-being of the patient, and in some cases results in a diuresis. We have studied four cases of heart failure in which the patient became rid of the fluid which had collected in his chest and extremities as a result of the inhalation of 50 per cent. oxygen.

Two patients with fibrosis of the lung were kept alive for seven months by almost continuous inhalation of 40 to 50 per cent. oxygen. At the end of that time one died, and one was able to do without oxygen. The case that survived is now still able to go about with restricted activity but without shortness of breath.

We feel that the use of oxygen as a therapeutic agent in clinical disease offers great possibilities, but that reports concerning its value must be always subject to careful scientific scrutiny in order to save it from false claims and thus disrepute.

The use of oxygen and carbon dioxide (90 to 95 per cent. oxygen and 5 to 10 per cent. CO<sub>2</sub>) has been introduced by Henderson and Haggard for the treatment of asphyxia resulting from carbon monoxide, or illuminating gas poisoning. The presence of 5 to 10 per cent. CO<sub>2</sub> in the inspired air promotes deep breathing and therefore an increased absorption of oxygen. It has also been employed in alcohol, ether or morphine intoxication to stimulate the respiratory centre with good results. Recently, the authors have suggested its use in pneumonia, but up to the present time this application is in the experimental stage, and no evidence has been produced which indicates it is beneficial. The deep breathing which follows inhalation of CO<sub>2</sub> is said to promote removal of obstructed plugs of mucous which prevent drainage of the infected lung. At the time of this writing, CO<sub>2</sub> and oxygen are of great value in the accidents of acute asphyxia noted above.

## PNEUMONIA?

Administer Oxygen with the  
**GUEDEL OXYGEN TENT**

**SIMPLE—EFFECTIVE—ECONOMICAL**

Write for particulars to

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47 West 42nd Street

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New York

ANESTHESIA AND RESPIRATION APPLIANCES

### New Hospital Beds Available

It was with considerable interest that we learned that no less than 985 new beds were made available in Canadian hospitals between September 9th and October 15th, a five-week period. New hospitals and additions opened during this period are as follows:

St. Joseph's Hospital, North Bay, Ont.....	90 beds
St. Michael's Hospital, Lethbridge, Alta. ....	100 beds
St. John Public General, St. John, N.B.....	350 beds
St. Joseph's Hospital, London, Ont.....	140 beds
St. Boniface Sanatorium, St. Vital, Man. ....	250 beds
Hotel Dieu, Kingston, Ont.....	55 beds

Total ..... 985 beds

Please refer to *THE CANADIAN HOSPITAL* when writing

# OXYGEN THERAPY

For Pneumonia, Cardiac Failure, Coronary Thrombosis, Asthma and other Cardio-respiratory conditions.



*Barach-Davidson Oxygen Tent.*

**Barach-Davidson Oxygen Tent**—New thermostatically-controlled tent, practically silent in operation, requiring an ice change only every twelve hours.

Provides: A. What **sick patients** need.  
B. What an oxygen tent can and should provide.

(1) Adequate control of temperature and humidity.

(2) Regulation of oxygen concentration, 40 to 60%, **or lower**.

(3) Ventilation capable of regulation as required. This tent achieves 3 to 45 cu. ft. per min. air movement.

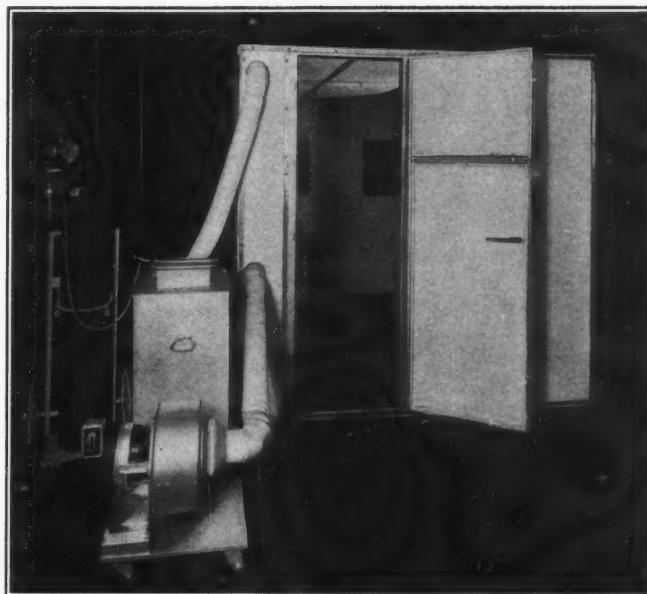
An **effective, comfortable** tent is necessary to secure the results of modern oxygen therapy.

## **Barach Portable Oxygen Chamber—**

A portable **oxygen** room for hospitals, sanatoria and private houses.

A patient may reside in a comfortable room atmosphere containing 40 to 60% oxygen, with healthful and comfortable ventilation, accurate control of oxygen concentration and elimination of CO<sub>2</sub> **without soda-lime**. Inexpensive and simple to operate, requiring only oxygen and ice.

*Literature and Prices on Request*



*Barach Portable Oxygen Chamber.*

## **RENTAL and SALES**

Tents — Chambers  
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## **BRANCHES**

Philadelphia — Detroit  
Chicago — Pittsburgh



## The Douglas Memorial, Fort Erie, Ont. Is a Model Small Hospital

By WILLIAM LYON SOMERVILLE, A.R.C.A.



*One of Ontario's newest institutions, the Douglas Memorial Hospital at Fort Erie, is a fine example of a small model hospital. It has accommodation for 35 patients in private, semi-private and 8-bed wards, and boasts the finest of modern equipment.*

**N**OTHING could be more fitting as a memorial to William Douglas than a hospital to carry on a service to humanity, to which in his life time he had devoted himself.

Dr. William Douglas, M.D., spent his life in Fort Erie, where he practised medicine for over fifty years, and left his entire estate of over half a million dollars for the building and endowing of a hospital in his native town.

His executors, Col. L. Clarke Raymond, K.C., of Welland, and the Union Trust Company of Toronto, retained the writer, William Lyon Somerville, A.R.C.A., as architect before selecting a site or taking any steps toward the fulfillment of this trust. Several sites were considered and tentative schemes for the building were drawn up before arriving at the final decision to purchase the land on which the building now stands. It is on rising ground, on the south side of a paved road running east and west, which is not a main highway, but is well related to the town and the surrounding areas.

The building is kept well back from the street, the site being of sufficient depth to allow ample space for gardens at the rear and a future Nurses' Residence.

All rooms occupied by patients receive direct sunlight, the north side being utilized for service rooms, administration and operating rooms.

In a panel over the enquiry desk the Douglas arms are modelled and painted in heraldic colours. The furniture is of grey brown oak to match the wainscot, and is upholstered in red leather.

The waiting space is entirely cut off from the main corridor of the first floor, so that visitors cannot enter the hospital proper without passing the office or enquiry counter.

Upon entering the building one faces a memorial tablet, the inscription reading:

This Building was Erected  
and Endowed with Funds generously  
given by  
**WILLIAM DOUGLAS, M.D.**  
Born in Fort Erie  
on the 23rd day of December, 1846,  
and who  
after practising his profession in this place  
for over fifty years,  
died on the 30th day of August,  
1929.

On the right is the general waiting room with enquiry desk immediately opposite the entrance to the room. On the left of the entrance is a relatives' waiting room, a more private space than the general room, and one which can be used by those who are required to wait for a longer period, or who may be under emotional stress. These rooms have Travertine marble floors inlaid with Belgian black marble with a base of the same material. The wainscots are of panelled oak with upper walls of grey green plaster.

All surgical cases for both men and women are provided for on the first floor. The two eight-bed wards, one for men and the other for women, are at the west and east ends respectively, with private and semi-private wards between. The Nurses' Station is at the centre of the corridor, also utility and sink rooms.

The second floor has a similar arrangement for matern-

*(Continued on page 36)*





**"PILGRIM" HOSPITAL SUITE**  
as used in private rooms of  
**Douglas Memorial Hospital, Fort Erie**



**T**HIS charming suite, which was finished in antique green, rose and blue enamel to match the various color schemes employed in this splendidly appointed new hospital, combines home-like beauty and comfort with all the practical features necessary for hospital use. "Craftsmanship" introduces the modern trend in hospital furniture.

**The Hespeler Furniture Company**  
LIMITED  
Hespeler :-: Ontario

*Please refer to THE CANADIAN HOSPITAL when writing*

### *The Douglas Memorial Hospital, Fort Erie, Ont., is a Model Small Hospital*

*(Continued from page 34)*

ity and medical cases. Temporarily the west end of this floor is used for nurses, but eventually will be utilized entirely for patients.

It will be noticed that the utility room or work room is entirely separated from the sink room. This latter is used entirely for utensils such as the bed pan washer, sterilizer, blanket and bed pan warming closets. The utility room contains a refrigerator for cracked ice, etc., a sink, utensil sterilizer and accommodation for the preparation of medicines and dressings.

The operating suite is at the east end of the building, facing north, and is an entirely self-contained unit shut off from the main first floor. All sterilizers and cabinets are of the built-in type and of Wilmot Castle manufacture. The walls of these rooms are tiled to a height of 6 ft. 6 in. with grey-green tile. The floor is of terrazzo with brass strips grounded to prevent possible accident from static electricity and explosive ether vapors.

All sterilizing of dressings is done in the supply room, which contains built-in metal cabinets and a dressing sterilizer with graphic register of temperature, so that a check can be made by the superintendent on all sterilization.

The delivery and labor rooms of the maternity department on the second floor are finished and equipped the same as the main operating suite.

The nursery is a self-contained unit with its own room for preparation of food and babies' baths. It also has a separate room for contagious diseases, with its own bathroom. All of these rooms are separated from each other and from the corridor by glazed partitions so that they can

be supervised by one nurse. The corridor partition has double glazing for sound-proofing. All windows are glazed with Vita-glass.

Adjacent to the covered ambulance entrance at the east end of the building on the ground floor is placed the X-ray department, to which an automatic push-button type of electric elevator gives ready access to other floors. This department is equipped with dressing room, radiographic room, developing room, office and room for display and storage of films. The radiographic room is insulated by  $\frac{1}{8}$  in. lead-lined walls and doors, and also has a floor of rubber tile with terrazzo base.

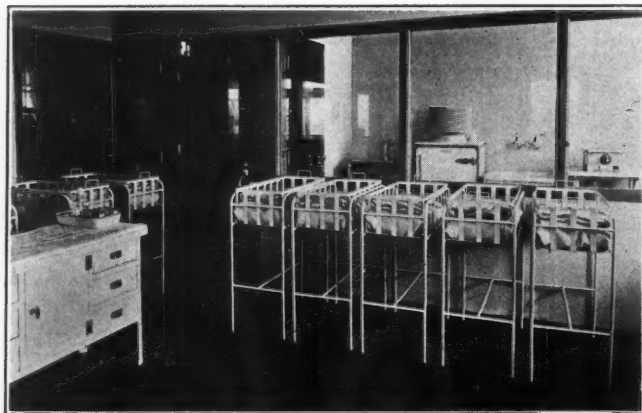
The service end of the building is at the west and contains a laundry on the ground floor and kitchen on the first floor. A service-lift of electric push-button type serves the food storage rooms in the basement and the receiving door and kitchen.

The kitchen has a red quarry tile floor and glazed Natco terra-cotta tile walls of light buff. Electricity is used for the range and bake ovens. The dish washer and kettles are supplied with steam. All metal work is of stainless steel.

Food service is by thermostatic electrically heated food carts. First floor service is directly from the kitchen. On the second floor food is taken from the kitchen in food cart to second floor servery and there served up for patients on this floor.

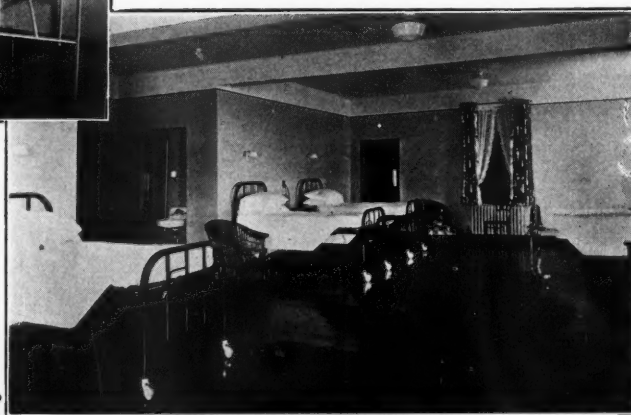
Editor's Note: The kitchen is considered to be a model of efficiency, much of the equipment being furnished by Wrought Iron Range Co., Limited.

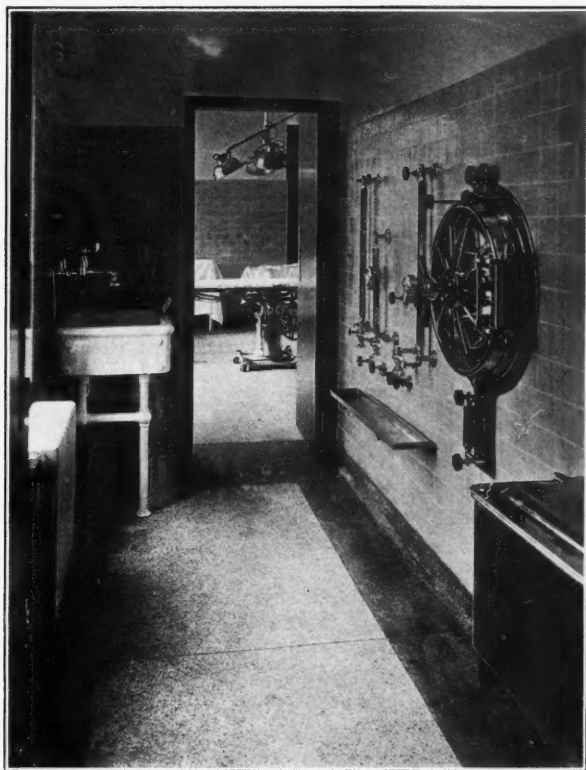
The building is, of course, entirely fireproof, the floor construction consisting of concrete beams with tile arches. All partitions are of gypsum or terra-cotta tile. The roof is insulated with cork. All floors except in wards are of terrazzo with terrazzo base. In the wards the floors are



*The nursery is a self-contained unit with its own room for the preparation of foods and for the bathing of babies. The partitions are double glazed for sound-proofing and the windows are Vita-glassed.*

*All patients' rooms, including the eight-bed wards, receive direct sunlight. The bright, cheerful atmosphere which prevails will have much to do with the speedy recovery of patients.*





*Modern and scientific sterilizing and operating room equipment enable the Douglas Memorial Hospital at Fort Erie, Ontario, to render an unexcelled service to its patients.*

covered with linoleum with terrazzo base and margin. The ceilings of corridors have acoustical sound absorbing plaster. All doors are of hospital slab door construction with steel frames. Patients' rooms have cotton screens so that doors may be left open without patients being exposed to those passing along corridor. All hardware is of dull nickel.

The electrical equipment is very complete, telephone, radio and signal system being provided for all patients. The heating is a hot water system with converter heated with steam. All built-in cabinets are of enamelled steel with stainless steel counters and shelves, and were manufactured by the Art Metal Company at Grimsby, Ontario. A central refrigeration system is used and was installed by the Hayes Wheels and Forging Company.

The private rooms are furnished with enamelled wood furniture in soft pastel shades with harmonizing curtains, rugs, etc. Each private room has its own toilet. Much of the furnishings were supplied by the Contract Department of the Robt. Simpson Co., Limited.

Owing to its excellent and healthful location and its splendid equipment, it would not be surprising if this hospital became a popular resort for convalescent patients from the larger hospitals in Buffalo and other centres in this district.

The writer wishes to acknowledge considerable information of a constructive nature received from Dr. G. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association.

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## PURE GUM FINGER COTS

Standard Assortment: Small, Medium and Large.

Thumb Cots to order.

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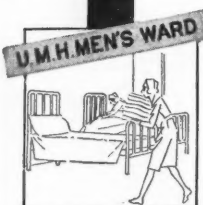
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**Order — Economy**

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Write and let us figure on your needs. A folder of styles and samples will be sent on request.

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## With the Manufacturers

### Aiding in the Expeditious Preparation of Food

The Hobart Manufacturing Company of Troy, Ohio, and Toronto, Ontario, have for a number of years made a careful and intensive study of the proper and expeditious preparation of food and the rapid and sanitary cleansing of dishes, and their equipment bespeaks their policy of constant improvement in the quality, design and workmanship of their equipment.

That there is a machine to fit every requirement is proven by the fact that Hobart dishwashers have capacities ranging from 1,500 to 18,000 dishes per hour. The model "JM," the prince of dishwashers, with its two tanks and floating carriage for conveying the dishes through the machine (an exclusive Hobart feature) is an illustration of how completely Hobart engineers have overcome the baffling difficulties heretofore experienced in building dishwashers without troublesome parts.

Hobart food preparing machines, mixers, slicers, vegetable peelers and food choppers and accessories, so familiar wherever food is prepared scientifically and in quantity, are right in line with the most modern developments as regards safety, sanitation and quietness and efficiency of operation. The Hobart electric slicer, now used in many kitchens, is being offered in a new model—Model 11B—which embodies several new improved features which aim at still greater ease of operation and durability of parts. The new Model Hobart Food Cutter, Model 8141, slightly smaller than the Model 215, in common use in kitchens, has just made its appearance. Its lower price should make it especially attractive to smaller hospitals, while its safety features will be the cause of much general comment. Superintendents, dietitians and others interested in food problems and kitchen equipment would be well advised to consult the Hobart Manufacturing Company.

### Victor X-Ray Announces an Engineering Service Department

The Victor X-Ray Corporation of Canada, Limited (General Electric X-Ray Corporation, United States), is pleased to offer its services in a consulting capacity to staff doctors and architects whose responsibility it is to plan X-Ray or Physiotherapy Departments in hospitals, large and small. It is their earnest desire to see their equipment give the maximum of efficiency, and they realize that this is impossible unless the X-Ray or Physiotherapy Departments are planned along the lines which research engineers have found most practicable and scientific.

Wiring is a very important consideration, and they are equipped to help hospitals on this point. They have had prepared a collection of charts drawn to scale showing typical installations of equipment in hospitals of all sizes, but they realize that each installation is a problem in itself. Because of this they invite enquiries from hospitals or their architects, with whom their Engineering Service

## HAS YOUR HOSPITAL AN AIDE?

### Canadian Association of Occupational Therapy

Registered aides are available for hospital service, and may be obtained for private patients.

A two years' course leading to diploma is given by the University of Toronto.

Aides are now used in many hospitals, sanatoria and other institutions throughout Canada.

Address Communications to  
**CANADIAN ASSOCIATION  
OF  
OCCUPATIONAL THERAPY**  
331 Bloor Street West  
TORONTO

*Please refer to THE CANADIAN HOSPITAL when writing*



Department will be glad to co-operate. To this end, they will draw up a detailed plan for submission to hospitals. This service is given all over the world, and without any obligation or fee.

Among the new equipment introduced by Victor X-Ray is an electrocardiograph with all the labour saving improvements. One of the latest is a frequency suppressor which makes it easier to control electrical disturbance. Then there is a new X-Ray machine of the latest type which has been tested by the General Electric Research Department. It was found capable of doing extremely fast radiographic work, being able to make 1,000 milliamperere radiographs of chest and heart, etc., using the new valve tube construction, which is a special valve tube put out by the General Electric Research Department. The machine has extensive automatic features and enables the operator to use 1,000 milliamperere technique with comparative ease.

Also recently announced is an improved valve tube treatment machine. A new table has many improved features. It is so constructed as to have full range of the fluoroscope over the full length of the table. It also has full range of Bucky diaphragm over the full length of the table. It is so constructed as to be electrically safe, since there is no way in which an operator can come in contact with high tension wires. This table is made in several different models to suit the requirements of hospitals of different types and sizes. There is also a new super power machine for producing artificial fever. By using this machine it is possible to control the temperature of the patient. It has many features whereby the current may be controlled, so it is safe to use the quantity of current necessary for this work.

There has recently been considerable work done on cases where this is needed. More information will shortly be made available on this subject. Victor is showing a full line of new Shockproof equipment, including diagnostic, fracture and new cross fire fracture machines. A new 1775 machine, which is a recent product, has been designed especially for the small hospital.

Readers are reminded that Victor maintains offices in different territories throughout Canada, through which the company will be glad to serve Canadian institutions in every possible way.

#### Johnson & Johnson Featuring Absorbent Cellulose

The products of Johnson & Johnson, Limited, Montreal, are becoming increasingly popular with Canadian hospitals. Their hospital lines include ready-made dressings, gauze, cotton, first aid kits and related products. Of particular interest is a fine grade of Absorbent Cellulose, this being unusually soft, highly absorbent, easily split and pure white in appearance. This is packed in a convenient eight pound roll 12" wide. Another product of unusual interest is 36" gauze folded to 4½" or 8-ply, rolled. There is, we understand, no extra charge for folding the gauze in this manner, and a rack is furnished by the firm free of charge.

## SMART IN DESIGN

and

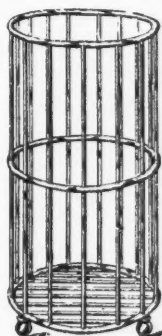
### Particularly Adaptable to Hospital Requirements



These bathroom accessories are entirely made in Canada. In appearance, utility and price they cannot be equalled by any imported line.

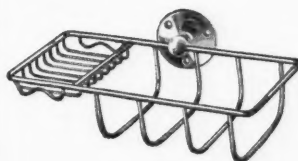


All High Grade accessories are made of solid brass finished in an extra heavy chromium plate. They will not tarnish or rust, water or soap stains wipe off readily with a damp cloth.



The gleaming lustre of High Grade bathroom accessories will enhance the finest setting and beautifully fit into any color scheme. Easily attached to any type of wall.

Made in a wide range and a choice of several designs, and sold with the unqualified guarantee of complete satisfaction to the purchaser.



*Special shapes and sizes made to customers' specifications.*

Catalogue as requested.

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**Orillia Ontario**

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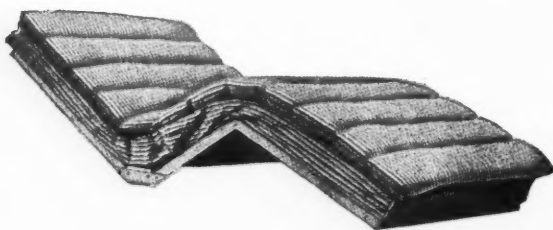
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... bases its bid for  
business on the following  
premise—

*"Given the opportunity to demonstrate through actual tests in service the SPRING-AIR Mattress can so convincingly show its superior worth that it will deserve the order on its proved merit."*

That this test is fair—sound—and successful is reflected in a steadily rising preference for SPRING-AIR. It is further evidenced by the fact that when SPRING-AIR is once ordered it is invariably *re-ordered*.

For the sake of your institution's economical operation—for the sake of its opportunity and its obligation—we ask you to extend to us the courtesy of granting the only favor ever asked for SPRING-AIR. . . Try it. Inquiries for information are sincerely welcomed.



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MR. A. M. CALVIN,  
member Executive Committee, American Protestant Hospital Association, and Executive Secretary, Northwestern Baptist Hospital Association, St. Paul, Minn.

### Stan-Steel Products Well Received by Canadian Hospitals

The reception given to Stan-Steel products manufactured by the Standard Tube Company, Limited, at Woodstock, Ontario, at the A. H. A. Convention, was, we are told, very gratifying, hospital administrators having expressed their pleasure at being able to see another high class line of hospital equipment manufactured in Canada. Included in their exhibit were a nurses' station, overbed tables, screens, bedside tables, solution stands, toilette chair, dresser and bedroom chair. It was probably the nurses' station, which combined a desk with chart files, which aroused most comment, it being pronounced as attractive and complete an article of its kind ever seen.

The toilette chair was another article very favourably received. It is intended for patients who can be moved about, and as it fits over any standard size toilet it eliminates considerable and unnecessary lifting. It is also fitted with a removable upholstered seat so that the chair can be used for other purposes as well.

We understand that while the Stan-Steel line is even now quite extensive, new articles are contemplated and will be brought to the attention of hospitals from time to time.

I do the very best I know how, the very best way I can, and I mean to keep on doing so until the end.—  
*Abraham Lincoln.*

# Selecting Food Service Equipment for the Modern Hospital

## PART II

### *How an Intelligent Analysis of Materials and Construction Insures Food Service Equipment Value*

By JOHN G. NEAR, Toronto

**I**N the August issue of The Canadian Hospital a simple and practical method for comparing values of different grades of food service equipment was described. This method is the result of a careful study of equipment performance and is intended to help hospital authorities select the grade of food service equipment that will give them the greatest value for their equipment dollar.

The previous article concluded with an actual comparison between various grades of sinks offered to the institutional buyer. Assuming design and construction to be equal in every case, the value of a piece of equipment is determined by the material of which it is made. The materials considered in our survey were divided into four groups:

(1) Plain steel, galvanized steel, and blue-black steel (Wellesville steel).

(2) Copper in its various forms—plain, nickel plated, and tinned.

(3) Miscellaneous materials such as porcelain-enamelled steel.

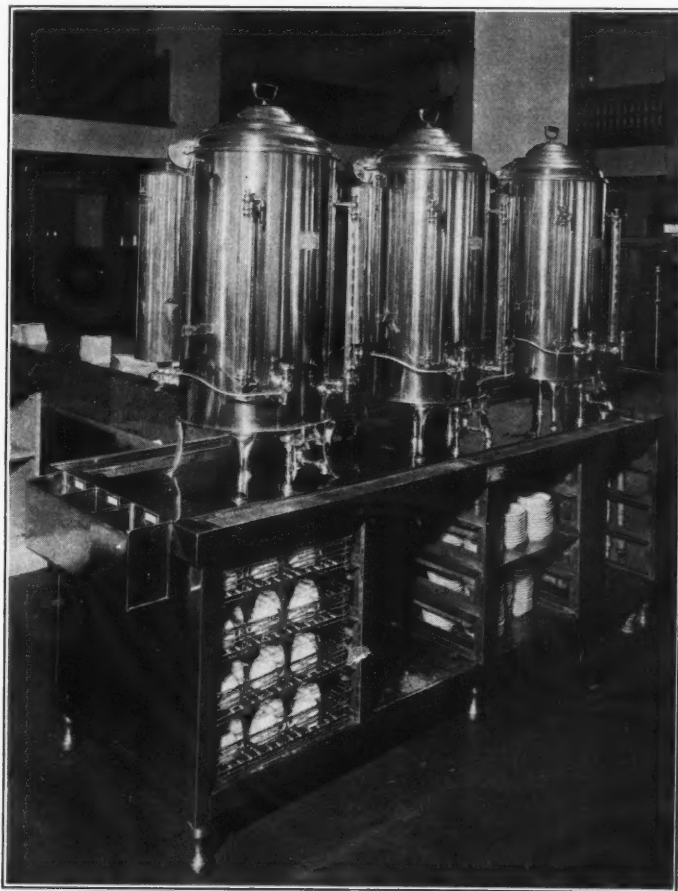
These three groups of materials constitute what may be termed the lower price classes of equipment. Opposed to them is a fourth group, the quality metals, the white nickel alloys of which Monel Metal is the outstanding and most commonly used. Actual comparisons of the various grades of kitchen equipment constructed of these materials are further discussed here.

Three types of dishwashers were considered—those with bodies of galvanized steel, copper, and Monel Metal. It was necessary to assume that the three types of machines were all of the same type and make. Otherwise the

question of mechanical efficiency would confuse the problem. In the case of dishwashing machines, a somewhat unusual condition is met with. The mechanical parts of the machines will, in some grades of construction, outlast the body. With other grades, the reverse is true. Seven years is a fair estimate of the life of the galvanized steel model, while that of the copper model may be figured at twelve years. In both cases the mechanical parts may be expected to outlast the body of the machine if given reasonable care. On the other hand the body of the Monel Metal machine will last indefinitely, but the mechanical parts will probably not endure for more than twenty years and it is, therefore, necessary to take this figure for the life of the Monel Metal washer.

*Sanitation and Ease of Cleaning.*—As far as these two factors are concerned the difference between the three

types of machines is considerable. A galvanized steel machine requires frequent painting and is difficult to keep clean, even with careful attention. The copper machine presents less of a problem in this respect, but even so must be cleaned and polished frequently and vigorously. As is the case with other forms of equipment, Monel Metal retains its original condition with very little attention. For economy of cleaning and upkeep we may, therefore, adopt the following ratings:—Galvanized Steel, 30%; Copper, 50%; Monel Metal, 100%. In most cases sanitary conditions will follow along the same lines as ease of cleaning and we may adopt the same ratings. Good appearance is believed to be an important factor in dishwashers. Because of the num-



*All factors considered, Monel Metal urns offer nearly twice as much value per dollar as other types of urns.*



## Junket Powder

*Takes the "Sameness" out  
of Milk*

Milk is much more desirable and more digestible when served as Junket. A treat, rather than a bore, to patients.

Use Junket Powders—colorful, delicious, and economical. Don't limit them to those who can eat nothing else. Serve them to ALL patients.



Sample package on request.

**6**  
Tempting  
Flavours

- Vanilla
- Chocolate
- Lemon
- Orange
- Raspberry
- Coffee

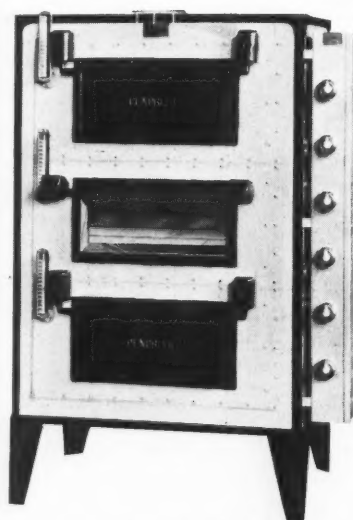
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Investigate  
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50 Years' Experience in Bakery Equipment

## Selecting Food Service Equipment for the Modern Hospital

(Continued from page 41)

ber of mechanical parts they contain these machines require more care than do other fixtures. A good looking machine will receive better treatment at the hands of employees than will one that presents a poor appearance, no matter how much time is spent in cleaning it. So, for appearance, we will rate the machines: Galvanized Steel, 30%; Copper, 50%; Monel Metal, 100%. Summing up these comparisons:

	Galvanized Steel Dishwashers	Copper Dishwashers	Monel Metal Dishwashers
Value per Dollar of Cost, based on length of life only.....	50.7%	71%	100%
Economy of Cleaning and Up- keep .....	30 %	50 %	100%
Sanitary Value .....	30 %	50 %	100%
Value of Appearance .....	30 %	50 %	100%
Average Value per Dollar.....	35.2%	55%	100%

The detailed comparisons that we have given between the various grades of sinks and dishwashers give you an idea of the methods to be followed in other types of equipment. Practically every fixture may be graded in this same way. In our investigation this was actually done. However, you will probably wish to make your own comparisons, rating the various factors according to your judgment of how they affect your own particular problem. So, rather than give detailed comparisons of every type of fixture, we will give a brief summary of our findings in each case. In studying these it is well to bear in mind that the findings are based on actual experience of hospital executives and upon reliable cost data.

### Steam Tables and Urn Stands

Turning to the comparison of the tops of steam tables and urn stands, we find that the comparison is between plain or nickel-plated copper tops and those made of Monel Metal. As the tops only are being considered, the steam tables under discussion are of the open type mounted on angle iron stands. The fixture with a Monel Metal top is not much more expensive than those with tops of plain or nickel-plated copper. It will probably surprise you to learn that the nickel-plated model shows to less advantage than that of plain copper. It is more expensive and contributes nothing to performance. When the plating wears off it presents a poorer appearance than even the copper model. Both types of copper tops require frequent polishing to prevent tarnishing and corrosion. Neither of them can measure up to the high standard of appearance and performance set by the Monel Metal top.

### Coffee Urns

The comparisons between coffee urn values reveals some interesting data. There are three types of urns to be considered: nickel-plated copper urns of inferior construction, nickel-plated copper urns of the best grade, and welded Monel Metal urns. Until fairly recently, the general impression has been that the better grade of nickel-plated urns offer the best value—that the higher price of welded Monel Metal urns is not justified by their performance. The better class of manufacturers are prepared to furnish Monel Metal urns at about a twenty-five per cent premium, but in order to make the fairest possible comparison, we figured the cost of the Monel Metal

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urn to be half again as great as that of the best grade of plated urn. Even at this figure the Monel Metal fixture shows to best advantage. Here is a case where the physical properties of Monel Metal make possible certain structural refinements not possible with other materials. Their welded construction enables them to withstand intense heat without damage and the great structural strength of Monel Metal offers effective protection against collapse. With this type of urn, cost of upkeep, a very important point in comparing urn values, is practically eliminated. Gas heated copper urns are quickly burned out if they are allowed to run dry, for the solder used in their construction melts at a fairly low temperature. Steam heated copper urns are liable to serious harm through collapse if cold water is too suddenly admitted. Accidents like this are costly, not only from the repair standpoint, but also because they cause serious interruptions to service.

Proof against such mishaps, Monel Metal urns also offer a saving in labor of cleaning. There is also a difference in the sanitary values of the three types which is especially important with hot water urns or the hot water compartments of combination urns. In hospital service the value of appearance must also be given considerable weight. Whereas the Monel Metal urns will permanently retain their attractiveness the nickel-plated urns are easily dented and, after a time, the plating will wear away in spots. All things considered the following summary of comparative values seems perfectly fair:—

	Low Priced N.P. Copper Urn Battery	High Grade N.P. Copper Urn Battery	Welded Monel Metal Urn Battery
Original Cost .....	\$110.00	\$205.00	\$310.00
Length of Serviceable Life.....	5 years	17 years	30 years
Value per Dollar of Cost (based on length of serviceable life only) .....	46.9%	85.7%	100%
Economy of Cleaning, Upkeep and Repair .....	15 %	20.0%	100%
Sanitary Value .....	40.0%	60.0%	100%
Value of Appearance .....	40.0%	60.0%	100%
Average Value per Dollar .....	35.5%	56.4%	100%

#### Work Table and Dishwarmer Tops

Tops for dishwarmers and work tables are usually made of either polished steel or Monel Metal. In comparing these two types of construction, it is interesting to note that the "comparative value per dollar based on cost vs. length of life only" is higher for the polished steel than for the Monel Metal top. In this case factors other than cost and expected life must be considered. Because of the uses to which they are put, work table and dishwarmer tops demand strict cleanliness. Whereas the steel top will require a great deal of care to keep it in good condition, the Monel Metal top may be kept spotless with little attention. There is no question that the Monel Metal top is superior from the standpoint of appearance. Just how much importance is to be attached to this factor is a matter of personal opinion. Making all due allowance for differences of opinion, the ratings given afford a fair idea of how the value of the steel top based on cost and durability is more than offset by superiority of the Monel Metal top in other respects.

(Continued on page 46)

## Valuable Body Building Syrups

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Specialists**

Our corn syrups, because of their recognized purity, and high dextrose content, are considered invaluable for the feeding of children—especially in cases of Malnutrition. *Crown Brand* and *Lily White Corn Syrups* build health and strength in young bodies—and children love their delicious flavor.

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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,  
and Personal News of Hospital Workers*

*Editor's Note: Contributions of items for publication in this department will be gladly received.  
Please Address, The Canadian Hospital, 177 Jarvis Street, Toronto.*

BRANDON, MANITOBA.—A recent communication from the Hon. Gideon Robertson, Federal Minister of Labour, says that the Dominion Government has approved a new addition to the mental hospital at a cost of \$225,000. The Federal relief fund will pay 50 per cent of the labour cost.

\* \* \*

CHATEAUGUAY BASIN, P.Q.—Official opening of a new addition to the Julius Richardson Convalescent Hospital took place on September 26th. The extension provides a suitable place for the recreation and education of children in the institution.

\* \* \*

INVERNESS, N.S.—Inverness hospitals will soon have added the necessary accommodation and equipment for about 20 tubercular patients. This is in line with the Legislature's plan to construct tubercular annexes to public hospitals, so that the care and treatment of tubercular patients may be carried on in conjunction with the ordinary routine of the hospitals. This plan is thought to have several obvious advantages. In the first place patients may be treated near their homes, and secondly, a saving is affected for the reason that no additional administrative staffs are necessary.

\* \* \*

KINGSTON, ONT.—The official opening of the new 55-bed wing of the Hotel Dieu Hospital took place on October 5th, with His Excellency Archbishop M. J. O'Brien giving the blessing. The new addition has been designed to accommodate many modern scientific departments and rooms of the latest type. The top floor houses four new operating rooms. The ground floor consists of various treatment and examination departments, while the second, third and fourth contain private rooms and suites furnished in most up-to-date hospital style.

\* \* \*

KITCHENER, ONT.—The elimination of duplicated effort is behind a co-operative plan adopted by the K-W Hospital and St. Mary's Hospital, whose student nurses will henceforth attend lectures together. The lectures to be given at these hospitals on alternative days. It is thought that this plan will save the staff doctors who lecture much valuable time, and since the nurses try the same examinations individual lectures are unnecessary.

\* \* \*

LETHBRIDGE, ALBERTA.—The new St. Michael's Hospital at 1224 Seventh Ave. South, operated by the Sis-

ters of St. Martha, was officially opened on September 9th by the Hon. George Hoadley, Minister of Health for the Province of Alberta. This new and modernly equipped institution has accommodation for 100 patients.

\* \* \*

LONDON, ONT.—The Victoria Hospital Trust is considering a proposal to apply to the Legislature for a new charter for Victoria Hospital, a separate charter for the War Memorial Children's Hospital and permission to increase the number serving on the Board from five to twelve members. The theory is advanced that if donors to the hospital were given representation on the Board more Londoners would be inclined to make donations. It is also thought that the University of Western Ontario should be represented on the Board.

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LONDON, ONT.—With brilliant ceremony and in the presence of distinguished guests, the new \$450,000 addition to St. Joseph's Hospital, London, was officially opened by the Hon. J. M. Robb, Minister of Health for the Province of Ontario, and His Excellency, Right Rev. John Thos. Kidd, Bishop of London, on October 15th, 1931. With the opening of this new addition, London's hospitalization facilities have been increased by 140 beds, making St. Joseph's Hospital's present capacity 300 beds. This new east wing is of similar architectural design to the west wing, built some 15 years ago. The new addition, the sixth since the Hospital was founded in 1888 by the Sisters of St. Joseph, is another chapter in the steady growth of this humanitarian institution.

\* \* \*

MONTREAL, P.Q.—A few weeks ago the Children's Memorial Hospital completed its two "artificial lungs" or respirators, and already one victim of infantile paralysis has, it is declared, been saved from certain death. These respirators are claimed to be most valuable pieces of modern hospital equipment.

\* \* \*

NORTH BAY, ONT.—The new St. Joseph's Hospital was officially opened by the Hon. J. M. Robb, Minister of Health for Ontario, on October 7th. The doors were opened to the public for a tour of inspection, following which there was a public reception in the nurses' dining room, where Dr. George W. Smith, president of the Medical staff, presided. The new hospital has accommodation for 90 patients.

\* \* \*

PENETANGUISHENE, ONT.—Early in September the Hospital Board made public its choice of applicants for the position of superintendent, assistant superintendent and resident nurse, these being as follows: Miss Jeffery, a graduate of the Oshawa General Hospital, superintendent; Miss Anne Elliott, a graduate of the Penetanguishene institution, assistant superintendent, and Miss Florence Gignac, a graduate of St. Michael's Hospital, Toronto, resident nurse. Only trained nurses serve the Penetanguishene hospital now, the student nurses having entered other hospitals to finish their course. Credit is being allowed for the full time spent in training.

\* \* \*

ST. CATHARINES, ONT.—"Clinical Day," observed at the St. Catharines General Hospital on October 9th was a distinct success, with 125 physicians of the city and vicinity attending one or more of the sessions. Following clinical sessions in the morning, luncheon was served by the Hospital Aid, following which Dr. Bell, Deputy Minister of Health for Ontario, gave an address on "Our Mutual Interests," followed by an address by Dr. Routley of the Canadian Medical Association. The afternoon was devoted to further clinical work, followed by dinner at the Welland House.

\* \* \*

ST. JOHN, N.B.—The new St. John Public General Hospital was quietly opened by Lord Bessborough on October 1st. This new 350 bed institution has provision for 64 private patients in addition to semi-private and



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**Gauze Cotton**  
**Bellevue Rolls**

*Elastoplast*

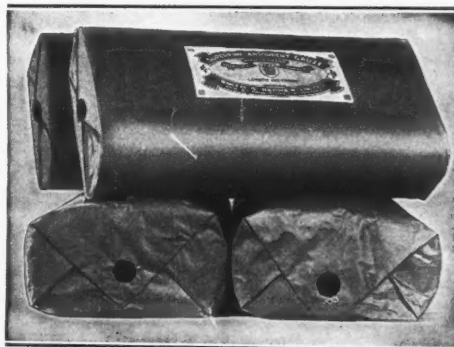
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public ward accommodation. It is said to be a masterpiece of architectural genius and scientific planning, as well as an edifice of beauty. It towers 12 storeys in height, its creamy tinted walls of brick and stone capped with an imposing cupola. The hospital cost the municipality of St. John \$1,175,000 to build and another \$400,000 has been expended for its furnishings and equipment. This splendid new addition to Canadian hospital facilities will be described in complete detail in the Annual Reference Book of the Canadian Hospital Journal, published in January.

\* \* \*

ST. VITAL, MANITOBA.—Demonstrating Manitoba's place in the vanguard of provinces concerned with the care and treatment of tubercular patients, the new St. Boniface Sanatorium at St. Vital was formally opened on September 30th by Premier Bracken. With the opening of the new institution, equipped from solarium to kitchen with the latest devices, 250 beds have been added to Manitoba's tubercular treatment facilities. The hospital is administered by the Grey Nuns.

\* \* \*

STRATHROY, ONT.—Strathroy General Hospital is now affiliated with Victoria Hospital, London, and will in future send nurses from its training school to the city institution for advanced work, thereby meeting the requirements of the standard course of nursing.

\* \* \*

TORONTO, ONT.—The offer of Wellesley Hospital as a central cancer institute has been withdrawn, it is reported. There has been, it is said, widespread sentiment against the gift among friends of the hospital.

\* \* \*

TORONTO, ONT.—Dr. W. E. Gallie and Dr. A. L. Lockwood of the Hospital for Sick Children and the Lockwood Clinic respectively, have been elected vice-president and director, respectively, of the American College of Surgeons.

\* \* \*

VERNON, B.C.—Thursday, October 15th was "Hospital Day" at the Vernon Jubilee Hospital. On that date the institution was thrown open to visitors between the hours of two and five, with tea following an inspection of the hospital's facilities. At the beginning of the year it was decided that Hospital Day could be celebrated more auspiciously in the Fall than in the Spring, so far as Vernon was concerned.

\* \* \*

WINNIPEG, MANITOBA.—Miss H. MacDonald has been appointed supervisor of nurses at Grace Hospital. Miss MacDonald was born at Red Deer, Alberta, and received her training in the Canadian West Training College.

\* \* \*

YARMOUTH, N.S.—At a recent meeting of the Ladies' Hospital Aid Society it was decided to purchase an ambulance for the hospital in the near future.

## Selecting Food Service Equipment for the Modern Hospital

(Continued from page 43)

	Polished Steel Top Work Tables	Monel Metal Top Work Tables
Value per Dollar of Cost (based on length of life only) .....	90% to 120%	100%
Economy of Cleaning and Upkeep .....	20%	100%
Sanitary Value .....	20%	100%
Value of Appearance .....	40%	100%
Average Value per Dollar .....	42½% to 50%	100%

### Warmer and Cabinet Bodies

In comparing the values of the various grades offered in warmer and cabinet bodies somewhat the same situation exists as with table tops. On the basis of original cost vs. length of life, galvanized steel bodies are found to have a rating of about 130% as compared to 100% for Monel Metal, while blue-black (Wellesville) steel bodies with nickel-plated trim have a rating of 71% and those of porcelain enamelled steel with Monel Metal trim have only a 71% rating. While it is felt that the importance of sanitary qualities is somewhat less with these fixtures than is the case with sinks and table tops, a Monel Metal warmer is kept in absolutely sanitary condition with so little care that it must be given a full 100% rating. On the other hand, the other three types are sanitary only if well cared for and must receive a lower rating than the Monel Metal body. The appearance of warmer and cabinet bodies is of considerable importance. On this score the alloy metal fixture is obviously much the superior of the others. While some persons may feel that the porcelain enamelled warmer makes a very attractive fixture; it cannot be put on an even basis with the Monel Metal fixture because of the ease with which it becomes damaged.

Taking all these factors into account, we find that, on the basis of a complete comparison of values, the Monel Metal fixture provides the best investment despite its higher first cost. The porcelain enamelled fixture comes next with a comparison rating of 69%, while the galvanized steel and Wellesville steel fixtures rank about equal with comparative ratings of 55% and 54% respectively.

### Dish Tables

When figuring the value of galvanized steel versus Monel Metal dish tables twelve years may be adopted as a conservative figure for the average life of galvanized tables. The life of the Monel Metal table is indefinite, or thirty-five years to provide a figure upon which to base our comparisons. On the basis of price against life galvanized steel is almost as desirable as Monel Metal. However, the nature of service to which dish tables are subjected is such that, more than anywhere else, cleanliness, sanitation, ease of cleaning, and appearance are essential. Taking these factors into consideration, the value of the galvanized fixtures drops to less than half that of the Monel Metal tables.

### Applying A System of Comparative Valuation to Your Own Buying

In this series of articles, we have given comparisons of only the more outstanding and commonly used items of equipment. There are many other fixtures necessary to the hospital food service system that may be similarly compared. In preparing our data the desire has been to

(Continued on page 48)



# "He's got APPENDICITIS—



*Then there were railroads, and steamships, and the telegraph—but no appendicitis operations.*

## There's No Hope"

**D**OOMED TO DIE because he had appendicitis! And that was only sixty years ago—in your grandfather's day.

Then there were railroads, and steamships, and the telegraph—but no appendicitis operations. Doctors scarcely dared to "open a person up." Surgery was largely confined to amputations and the treatment of wounds. Operations were more feared than disease, because always the spectre of infection hovered over the surgeon's scalpel.

What a difference today! Now the removal of an appendix is almost a minor

operation. Surgeons can practically rebuild people. All because infection has been conquered, because it was discovered that disease and infection are caused by germs—and that germs can be killed.

Now, medical science wages an unceasing war against germs, and one of its most important and effective weapons is "Lysol" Disinfectant. For more than forty years, this efficient germicide has been a standby of doctors and hospitals the world over. They depend on it even at that most critical time of all—child-birth—when two lives are at stake,

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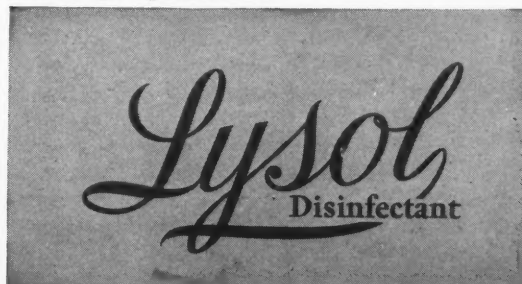
The purity of "Lysol"; its neutrality; its freedom from free alkali and from harmful and unpleasant impurities; its continued germicidal potency in the presence of even large amounts of organic matter; its uniformity in composition, appearance and color; its non-toxic qualities; and its ability to disinfect without corroding instruments or harming rubber—these have made "Lysol" a standard.

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## Hospital Aid News

A LARGE and enthusiastic group of Hospital Aid workers assembled in annual meeting on September 28th on the Roof Garden of the Royal York Hotel, at which the many activities reported showed a tremendous amount of work accomplished and invaluable service rendered to hospitals during the past year. The President of the Women's Hospital Aids Association reported visits to various Aids, where addresses were made on the advantages of observing National Hospital Day. Mention was also made of the leaflets distributed, these being an intimate sketch of the life of Florence Nightingale.

Six new affiliations were reported. There are now 58 United Aids, representing some ten thousand volunteer women workers. Two new by-laws were adopted, one providing for the addition of two members to the Advisory Committee, the second for the increase of the affiliation fee from one to three dollars.

Life memberships were bestowed upon two former officers of the Association, Mrs. Thomas Ballantyne of Stratford, and Mrs. F. Douglass Reville of Brantford. The long and loyal active service of Miss Mary Colter, a member of the Advisory Committee, was recognized in a similar way.

The president of the Women's Hospital Aids Association was appointed representative to the Ontario Hospital Association, of which it is a section. The officers appointed for the coming year are as follows: President, Mrs. O. W. Rhynas, Burlington; Secretary, Mrs. F. C. Bodley, Hamilton; Treasurer, Mrs. G. W. Houston, Hamilton; Advisory Committee—Mrs. Stuart Watt, St. Catharines; Miss Mary Colter, Brantford; Miss Agnes Climie, Hamilton; Mrs. G. W. Wood, St. Catharines; Mrs. J. A. McLean, Chatham; Miss Grace Wright, Mt. Forest. Those wishing to address the Secretary should write Mrs. F. C. Bodley, 55 Cline Ave., Westdale, Hamilton, Ont.

Delegates who attended the Convention of the Women's Hospital Aids Association included the following: AYR—Mrs. Hugh Paterson and Mrs. James A. Dalzell. BRANTFORD—Miss Mary Colter, Mrs. S. H. J. Reid and Miss McKee. CHATHAM—Mrs. J. A. McLean, Mrs. J. W. McNevin, Mrs. Fred Stover. COCHRANE—Mrs. J. S. Warner. GALT—Mrs. R. B. MacGregor, Mrs. A. H. White and Mrs. A. M. Edwards. GODERICH—Mrs. W. L. Horton. GUELPH—Mrs. Leonard Gibson, Mrs. J. E. More, Mrs. Walker, Mrs. Robert Lucy, Mrs. H. G. Roberts. HAMILTON—Miss A. Climie, Mrs. H. B. Brown, Mrs. R. H. Paterson, Mrs. P. B. Macfarlane, Mrs. J. H. Moxley, Mrs. F. C. Bodley, Mrs. Houston. HESPELER—Mrs. L. E. Weaver. HANOVER—Mrs. R. Wright, Mrs. J. S. Knechtel, Miss H. Knechtel, Mrs. A. Kurtz. INGERSOLL—Mrs. V. Meek and Mrs. J. E. Hargan. KINGSTON—Mrs. R. F. Armstrong. KITCHENER—Mrs. C. D. Welch, Mrs. A. J. Rose, Mrs. A. Eby.

Also, LISTOWEL—Mrs. R. R. Hay, Mrs. A. E. Phipps. LONDON—Mrs. T. C. Benson, Mrs. James McNevin, Mrs. J. A. Deckinson, Mrs. Colin French. MOUNT FOREST—Miss Grace Wright, Mrs. V. C. Sissler, Mrs. S. J. Short, Mrs. F. J. Noonan. NEWMARKET—Mrs. F. Chantler, Mrs. H. Kane, Mrs. K. Robertson, Mrs. L. Rose. NIAGARA FALLS—Mrs. W. R. Price, Mrs. J. E. Teekol, Miss M. Codham. NIAGARA-ON-THE-LAKE—Mrs. Harris W. Price, Mrs. J. W. Trownce. PETROLIA—Mrs. J. R. Steadman. SARNIA—Mrs. H. C. Bayne, Mrs. Robert Laurie. ST. CATHARINES—Mrs. Stuart Watt, Mrs. W. G. Wood, Mrs. C. Sim, Mrs. W. E. Massie, Mrs. H. L. Moyer, Mrs. J. D. Wright, Mrs. Montgomery, Mrs. A. J. Holman. STRATFORD—Mrs. A. N. Robinson, Mrs. R. Chippenden, Mrs. C. L. Grant, Mrs. A. E. Webb. TORONTO—Mrs. Glionna, Sister Jeanette, Sister Valeria, Mrs. Englis. WATERLOO—Mrs. C. F. Ott, Mrs. J. M. Laing, Mrs. A. C. Hoffman, Mrs. E. L. Zeigler, Mrs. W. P. Kress and Mrs. A. K. Cressman.

The attention of our readers is drawn to the appointment of THE CANADIAN HOSPITAL JOURNAL as the official publicity organ of the Women's Hospital Aids Association for the ensuing year, this appointment having been ratified by the Association's Advisory Committee.

(Continued from page 46)

furnish information which can be applied in a practical way before equipment purchases or specifications are decided upon. It has been the general observation that the decision of the grade of equipment to be used often receives less attention from hospital officials than the comparison of prices and award of the equipment contract. Considering the nature of the hospital's problem and long length of time over which the equipment must serve faithfully, the ultimate cost is the thing that should be considered rather than the first cost. In other words, *what to buy is more important than what to pay*. The best of judgment in selecting the house to build your equipment is of little worth if the competing fabricators have all figured on a grade of equipment that is not economical for you to use.

In arriving at our decisions concerning the worth of one grade of equipment as against another, it has been possible to give actual comparative figures only for the value per dollar of cost based on length of life. The comparative percentages for economy of cleaning and upkeep, sanitary properties, and value of appearance are necessarily based on the experiences and judgment of a large number of operators and would appear fair under normal conditions. They may not coincide with your views, however, and some adjustments may be necessary to fit individual conditions. In order to facilitate your forming your own conclusions we have endeavored in each case to present the principal points for and against the various metals commonly used for the items under discussion. The ideal equipment for hospital service is that which lasts indefinitely and retains its properties in spite of the hardest usage and without laborious and costly maintenance. If all the elements of value are considered, your selections of equipment will be entirely logical and it is believed that, on all important points, they will agree with the conclusions of this survey.

## Positions Wanted

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CANADIAN NURSES AVAILABLE: (A) R.N.-STENOGRAPHER, age 36, post-graduate in operating room work. 5 years varied experience. Desires either general duty or office work. (B) General Duty Nurse, 2 years' experience, registered Manitoba, Ontario. \$75. No. 4002. Aznoe's Central Registry For Nurses, 30 North Michigan Ave., Chicago, Illinois.

MALE X-RAY TECHNICIAN, age 42, 8 years' experience in England, 9 in Canada, 10 in United States. Also qualified in laboratory work. Good references. No. 4003. Aznoe's Central Registry For Nurses, 30 North Michigan Ave., Chicago, Illinois.

WE HAVE AVAILABLE NOW Young Doctor, single, Italian nationality. Graduate of University in Mexico, 1928. Very anxious for either psychiatric, internal medicine or physiological chemistry work in Canada. No. 4004. Aznoe's National Physicians' Exchange, 30 North Michigan Ave., Chicago, Illinois.

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SUPERVISOR—Graduate of western training school; post-graduate work in operating room technique; five years, operating room supervisor, 180-bed hospital; three years, operating room supervisor, university hospital. 103, Medical Bureau, Pittsfield Building, Chicago.

TECHNICIAN—B.S. degree; five years' laboratory technician to large middlewestern hospital; qualified in all procedures. 104, Medical Bureau, Pittsfield Building, Chicago.

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### Catholic Hospital Association to Set Up Own Standards for Schools of Nursing

The most important action taken at the 16th annual convention of the Catholic Hospital Association was the adoption of a motion that the Association set up its own standards for schools of nursing. This action was carried by a vote of 231 to 45. The action was heralded by references in the presidential address of the Rev. A. M. Schwitalla, S.J., who said: "Whether or not our association should formulate its own standards for schools of nursing is a question which this convention by all means should decide. The demand for such a formulation has come from representative schools among our membership. I heartily advocate such an exercise of leadership. . . . If we do formulate our own standards, this association as a whole must commit itself wholeheartedly to their trial so that an effective, carefully controlled and wisely defined system in nursing education may be the result of our efforts."

### Correcting an Error

Dr. A. L. C. Gilday, Secretary of the Montreal Hospital Council, has kindly drawn our attention to an error in the listing of the Council on page 8 of the October issue of *The Canadian Hospital*. The President of the Montreal Hospital Council is Dr. L. A. Lessard of the Notre Dame Hospital, Montreal, not Mr. Roy of St. Luc's Hospital, as formerly reported.

### Some Interesting Prophecies

In Harpers, issue of September, 1931, we notice a very interesting article entitled "The Crisis in Medical Service," by R. I. Duffus, which we recommend to our readers. In this article a journalist interprets the findings of the Committee on the Costs of Medical Care, for the layman. He prophecies, among other things, "more medical centres, more community hospitals, more group clinics, more contract practise, more group insurance and more preventive medicine." Read this for yourself!



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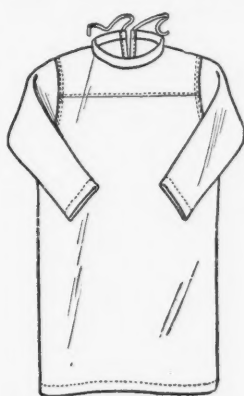
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